PLEASE RECYCLE

MGH HOTLINE

13 January 1994

A publication of the
News and Public Affairs Office
of Massachusetts General Hospital
Bartlett 9, Extension 6-2206

Reconstructing a life

When Aziz Al-Haddad created his television documentary on the reconstruction of Kuwait after the Gulf War, little did he know that his life soon would undergo its own reconstruction. On February 13, 1993, his 9-year-old daughter, Shaikha, began having health problems which eventually were diagnosed as acute myeloblastic leukemia (AML). AML is a life-threatening type of leukemia in which the bone marrow produces an excessive number of immature white blood cells that hinder healthy blood cells.

Mr. Al-Haddad, who has been active in the media and theatre in Kuwait, began to research the best places to care for his daughter. With the help of the Kuwait Ministry of Health, he had Shaikha transferred to the MGH. Mrs. Al-Haddad, who had just received news that she was pregnant, remained in Kuwait to care for the couple's other five children.

When Shaikha first entered the MGH, she was overwhelmed and asked her father, "Are you sure this is a hospital and not a hotel?" Later she and her dad met William Ferguson, MD, MGH Chief of Pediatric Hematology-Oncology, "the most polite person I have ever met," said Mr. Al-Haddad. Shaikha began her chemotherapy treatments on Ellison 17 last March. When Shaikha's hair started falling out — an expected side effect of chemotherapy treatment — her father suggested she imagine it this way: "This hair is bad because it came from bad cells. We don't need it. Let's lose it soon. And after your treatment is finished, you will have good hair coming from good cells."

"Something I will talk about a lot when we go back home is the nurses on Ellison 17 and at the pediatric clinic," Mr. Al-Haddad said. "They are the most thoughtful and caring people. They have knowledge which made me feel safe and relaxed during the treatment. I salute them and all the floor doctors."

"The management in the play room earned my admiration and respect. It is the most happy place for Shaikha, where she learned many things including how to speak and understand English," said Mr. Al-Haddad. When Mrs. Al-Haddad gave birth to a healthy girl this fall, as Shaikha completed her final chemotherapy course here at the MGH, the Al-Haddad family took the name of the floor's Child Life Specialist, Lora Feltham, as the baby's middle name.

Shaikha and Dr. Ferguson celebrate Halloween on Ellison 17.

"It took nine months for my wife to bring new life. I am here in Boston for nine months too to help in a 'newborn' life. We felt the same as my wife did — even with the weakness and vomiting in the beginning," said Mr. Al-Haddad. Now Shaikha is healthy enough to return to Kuwait, and she and her father were recently reunited with the rest of their family.

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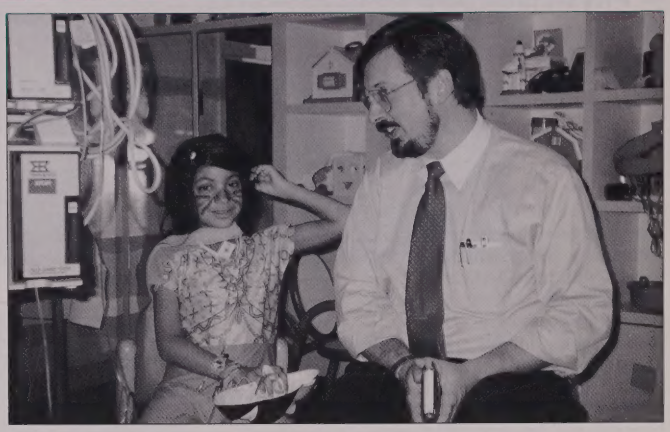

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MGH physicians help build networks *by Ann MacDonald*

The world of health care is changing. The challenge is to keep costs as low as possible while continuing to offer high-quality care to patients — and that is no easy task.

As a number of recent developments show, MGH physicians and administrators are working together to ensure that the hospital remains a leader in these rapidly changing times. At the same time, physicians, nurses, and other health professionals remain committed to the hospital's time-honored spirit of patient advocacy.

The MGH recently announced two new alliances with health-care providers to the north and west of Boston, strengthening its ability to provide cost-effective health-care services to its patients. In late December, the MGH and more than 40 primary-care physicians who are members of the Massachusetts Associated Physicians, Inc. (MAPI), based in Framingham and Natick, announced their intention to jointly develop a primary-care group practice. A month earlier, the MGH and the Cape Ann Medical Center, a group of 11 internists in Gloucester, announced an intent to form a health-provider partnership.

These agreements are in addition to an expanded affiliation with the North Shore Medical Center (see *Hotline*, Dec. 2), and the recently announced intent to merge with Brigham & Women's Hospital (see *Hotline*, Dec. 21).

For the confused observer, it can be dizzying: alliances, affiliations, mergers. What on earth does this have to do with health care?

"The short answer is that the methods are changing, but our commitment to patient care remains the same," said John Levinson, MD, PhD, a cardiologist and Vice President for Contracts & Program Development at the Massachusetts General Physicians Corporation (MGPC). "Physicians view patient care as more than just a job. We have traditionally acted as advocates for patients, to ensure that they receive proper care.

"Now, with pressure to control cost at the same time, a number of physician-led alliances are forming," he added. "These alliances can assume joint risk for the delivery of care while enabling physicians to continue as patient advocates."

All of these new agreements and affiliations reflect an effort to engage currently fragmented providers into a system of care that can deliver the highest quality, personalized health services to patients at the lowest possible cost. They also reflect the changing reality of medicine in the 1990s, where managed care and national health care reform are influencing the ways in which hospitals serve patients.

Physician-members of the MGPC have been working very closely with Richard von Rueden, MD, Deputy to the General Director, in negotiating these new alliances and partnerships with other health-care providers.

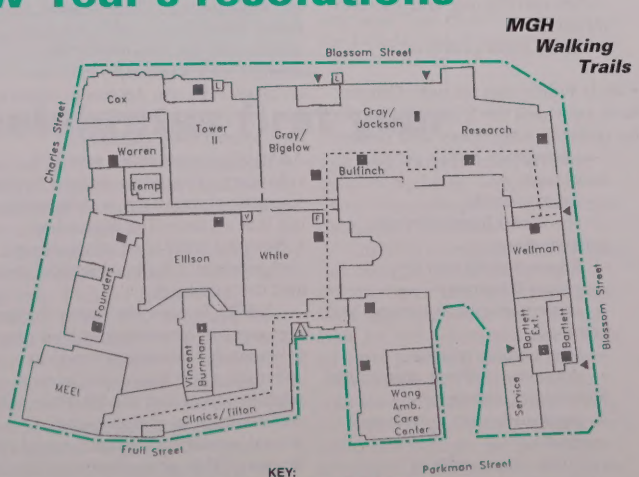
continued on page 2

Keep those New Year's resolutions

So now that you've merrily munched your way through the holidays, hibernated from winter's cold by bringing new meaning to the term "couch potato", and exhaled enough smoke to confuse cutting-edge aviation navigation equipment, the New Year has arrived. You've vowed, sworn, and promised to yourself and whatever deity you hold dear that 1994 will be the year you take better care of yourself.

Just slightly shy of two weeks post-resolution and your resolve is dissolving? It just might be the time to recommit, or vow anew, to your chosen course of self-improvement.

More on New Year's resolutions on page 4



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MERGER

Representatives from both the MGH and Brigham and Women's Hospital are working together on task forces to iron out the details of the proposed merger. As information becomes available, we will let you know via *Hotline*, special updates, or memos.

— Physicians help build networks

continued from page 1

"As MGH physicians, we wanted to take a more active role in negotiations with community health care providers in the new managed care environment," explains Samuel H. Kim, MD, president of the MGPC. "That is one of the reasons we founded the MGPC. We wanted to take a leadership role, to develop efficiencies, to measure quality, and to deal with managed care."

While managed care can take many forms, the basic concept is that a single primary-care physician coordinates all of a patient's care. And under national health care reform, the MGH and other teaching hospitals will be expected to train greater numbers of primary care physicians for the future.

"One of the great advantages of forging alliances with community physicians, both primary care and specialty, is that these new affiliations will provide a more complete training opportunity for medical students and residents," Dr. Kim said. An uncomplicated gall bladder removal, for instance, is done more cost-effectively in a community hospital than in a tertiary-care setting. As a result, community physicians may have more experience with such operations.

Incorporated in 1989, the MGPC has more than 860 physician-members, representing almost every department and specialty within the hospital. Not all physicians at the MGH are members of the MGPC.

The organization was founded by a group of physicians who were concerned that managed-care programs might adversely affect patients whose individual treatment needs did not fit a standard set of guidelines. The physicians organized in order to work with insurance companies and other entities to provide the hallmarks of managed care: appropriate and effective utilization review (determining whether a specific diagnostic test or treatment is needed, for instance) and quality assurance (making sure the patient receives the best care possible.)

"We are under increasing pressure to measure and continuously improve the outcomes and costs of the health care that we provide," Dr. von Rueden said. "In order to do that, we need to form networks of care that will ensure that patients receive the best possible treatment in the most appropriate and convenient setting at competitive costs."

Physician involvement in these efforts helps to ensure that the MGH will remain true to its roots while adapting to new realities. "We want to cut costs where we can, but not in a way that would adversely affect patient care," Dr. Levinson said.

IHP President McCarthy to retire

Patrick E. McCarthy, MCP, President of the MGH Institute of Health Professions (IHP) has announced his intention to retire as of June 30, 1994. Mr. McCarthy joined IHP in 1988 as its second president, and under his leadership IHP has grown in scope and size.

"In citing just a few of his accomplishments one is struck by the speed with which changes were made," said E. Lorraine Baugh, MS, RN, Chair, IHP Board of Trustees. "My fellow trustees and I are proud of the advances made during President McCarthy's tenure."

Those advances include improved and different curricula; increases in the number of doctorally prepared faculty and in their research endeavors; and a student body that is nearly three times the size it was in 1988. In September 1992, under Mr. McCarthy's leadership, IHP moved into its new quarters at 101 Merrimac Street. Not only did they gain spacious and modern facilities, but IHP also was able to bring its entire family under one roof for the first time.

Ms. Baugh has appointed a Presidential Search Committee to search for a successor. The committee will be chaired by Trustee Dr. Matina Horner, President Emerita of Radcliffe College and Executive Vice President, Cabinet for TIAA-CREF. Trustee members include Dr. Steven M. Mirin, General Director and Psychiatrist in Chief, McLean Hospital, and Paul Guzzi, Vice President, Data General. Dr. Sherry Penney, Chancellor, U. Mass./Boston represents the broader education community. Other committee members are Dr. Linda Andrist, Chair of the IHP Faculty; Dr. Maureen Groer, Program Director; and Gretchen Jackson, a student from the Communications Sciences and Disorders Program. Ms. Baugh will serve in an ex-officio capacity.

The search committee is charged with recommending to the Board of Trustees, no later than June 30, the names of final candidates for the position. Dr. Horner is very interested in casting a broad net in soliciting names for this important and prestigious position. All members of the MGH community are encouraged to think of potential candidates and submit their names and pertinent information. Send all information to Dr. Horner, Chair, Presidential Search Committee, c/o Mary LaLonde in the Office of the General Counsel.

Police and Security hold crime prevention fair

At this year's Crime Prevention Fair, the MGH community got a better glimpse into its Police and Security Department. A series of educational table presentations also helped inform MGHers about programs like Neighborhood Crime Watch and about crime prevention products, such as home locks and personal safety alarms. Literature on many topics — including public safety, domestic violence, and protecting children — was distributed.

The fair also provided the perfect opportunity for the department to talk up its new ALERT (Awareness Lets Everyone Reduce Theft) program, initiated in the fall of 1993. The program encourages everyone from the MGH community to become involved in crime prevention through awareness and education. Through the use of ALERT stickers, educational meetings, and the introduction of some new programs, the department intends to increase participation in preventing crime. There will be a special effort to involve representatives from all departments and members of the MGH community on a special task force focusing on high-incidence areas.

MGH also got a chance to demonstrate their skill at shooting hoops to help raise money for the Michael J. Flynn Scholarship Fund, named for a department member who died last summer.

Did you know?

- MGH Police and Security Officers:
  - — are Police Academy trained
  - — attend ongoing and specialty training
  - — have arrest powers

- MGH Police and Security Officers have provided the following services for patients, employees and visitors:
  - — emergency motor vehicle assistance
  - — safety escorts
  - — work and home security presentations
  - — fingerprinting services
  - — photo ID service
  - — crime prevention surveys and seminars
  - — Street Smart courses
  - — domestic violence, threat, and harassment assistance
  - — legal and court appearance support
  - — child abuse services
  - — diverse investigative work
  - — intelligence gathering

Humane treatment of research animals honored

"We want to dispel the myth that animal researchers are insensitive," said William T. Watson, DVM, Director, Office of Laboratory Animal Resources. "In fact their compassion, which drove them into research, transfers to animals."

To demonstrate the MGH's commitment to improving the quality of animal care in research, Dr. Watson, the administration, the entire Animal Care and Use Committee, and the Laboratory Resources staff worked to gain accreditation by the American Association for the Accreditation of Laboratory Animal Care (AAALAC). AAALAC accreditation, which is voluntary, is widely accepted by the scientific community as demonstrating that an animal program has achieved a high level of excellence and provides a humane animal care and use approach.

"MGH Trustee Dr. Henry Foster, a pioneer in improving animal care in research, was instrumental in convincing the Board and senior administration that the MGH should and could have a high-quality animal research program," noted Dr. Watson. "This accreditation is like a gold standard that grant agencies are increasingly demanding. It demonstrates our dedication to providing an ethical approach to research, teaching, and testing involving animals and enhances our researchers' ability to compete for funds."

Dr. Ronald Newbower, Associate General Director, Research and Technology Affairs, presents the AAALAC plaque to Dr. Watson.

The accreditation process is based on extensive self-evaluation and a peer review by veterinarians and researchers experienced in laboratory animal management issues. Accredited programs conform with the intent of the Federal Government's *Guide for the Care and Use of Laboratory Animals* and exceed the minimum required by the Animal Welfare Act.

Buildings and Grounds children's holiday party

Peter O'Malley the Magician, Clover the Clown, and Santa Claus were busy entertaining 100 children at the Buildings and Grounds Department's annual Children's Holiday Party at MGH East.

Twenty-five children from a nearby shelter were picked up by the MGH shuttle and joined the children of Buildings and Grounds employees at the party. The children all enjoyed a make-your-own-sundae bar and face painting.

National Blood Donor Month

This is the season of busy holiday preparations, fighting off winter colds, and an increase in accidents. Hence, it is also the season of low blood reserves. Fortunately January is National Volunteer Blood Donor Month, and the MGH Blood Transfusion Service is hoping for an influx of donors.

"Eight million blood donors volunteer each year to give blood, and they exemplify much of what is best about Americans: a willingness to help our neighbors, to take responsibility for our communities, and to respond to the call of service," states President Clinton in this year's Presidential Proclamation underscoring the need for blood.

So donate and help augment the New Year's supply of blood and deplete the supply of t-shirts the MGH Blood Donor Center began thanking donors with in December. The consequences of not donating might be more than a missed opportunity for a free t-shirt.

Drop by the Blood Donor Center off the Gray lobby or call 6-3620 to schedule an appointment.

United Way raffle winners

There is still time to submit pledges to the United Way campaign. Grand prize winner Mary Elizabeth Bilodeau, RN, CCRN, Critical Clinical Nurse Specialist for the Intensive Care Nursing Service, is glad she did. Her name was picked from a raffle of all of this year's donors. She and her husband won two free plane tickets from Continental Airlines that they'll use to travel to the Caribbean.

Some of the other winners: Alasdar Conn, MD, Emergency Service, won a clock from Grey's Jewelers; Cheryl Gear, Building Services, won a two-night stay for two with breakfast at the Holiday Inn Boston/Somerville; Kathy Hotz, Biomedicine, won lunch for two at Phoenica Restaurant; and Martha Garlick, Physical Therapy, won a one-year Pool Club Membership at the Holiday Inn Boston/Somerville.

John Nolan, Director, Parking and Commuter Services, left; John Favorito, BSN, Surgery; and grand prize winner Mary Elizabeth Bilodeau, RN, CCRN, Critical Clinical Nurse Specialist

BMT Program celebrates first year

On the occasion of its first-year anniversary, the MGH Bone Marrow Transplant program held its official opening reception and had a lot to celebrate, in addition to successfully treating many patients. Since its inception, the program has seen the completion of a six-bed specialized care unit on Ellison 14, received a national collection center award, conducted three donor drives, and enlisted the first MGH employee marrow donor.

At the 1993 Council Meeting of the National Marrow Donor Program (NMDP), the MGH was presented with the NMDP Trailblazer Award for transplant and collection centers. The MGH was cited for "Its leadership and innovation in caring for marrow donors."

By establishing a team that works together on the majority of patients, Thomas Spitzer, MD, Director of the BMT Program, has built a camaraderie of professionals who are knowledgeable and dedicated to the program. The extra efforts of Patient Coordinator Cyndi Campbell have made donors' experiences more positive. She walks them through each step of the process, arranges for members of the administration to personally visit and thank donors, and has collaborated with area hotels to assure discount prices and special treatment for donors.

Another strength of the program has been its donor recruitment efforts. Three donor testing drives have augmented the NMDP database by 300 potential donors. One of those potential donors is the MGH's own Eva Panzera, Office Administrator, Neonatal and Pediatric Intensive Care Units. On November 5 Eva became the first MGH employee to donate marrow under the auspices of the MGH Bone Marrow Transplant Program.

"I registered through a drive held here last March," said Ms. Panzera, whose marrow recipient is a 15-year-old. "Being an administrator in a health care institution, I see — especially in the intensive care units — so many miracles as children get well. It was wonderful for me to be able to participate and help a child."

The next donor drive will be during Massachusetts Bone Marrow Week, which begins March 6. Watch for postings.

"Hoppening"

Toddlers at the MGH Children's Center enjoy a "Hoppening" as part of the Easter Seals campaign to raise funds for and awareness of disabilities.

Above: Nathan Ellis, left, and Sara Spellman

Right: Zachary Wagman, center

What's Happening

"New Images in Cancer Care"

The latest in the MGH Friends of the Cancer Center DIALOGUES series will focus on radiology and imaging. Admission is free and reservations are suggested for the session on Tuesday, January 25, 6 pm, Wellman 1 conference room. Call 6-1063 with questions or for reservations.

Breast cancer support group

A new support group for women diagnosed with breast cancer will begin on January 24 at 5 pm for six Monday evenings, free of charge. Led by Stacey Shoer, MSW, the group includes: mutual support, improving communication, dealing with feelings, sharing coping mechanisms, resources, and getting on with living. Please call 4-1821 to find out more.

Advanced Cardiac Life Support Provider Course

Sponsored by the MGH Department of Emergency Services, this two-day course will be offered on February 14 and 18. Call Maureen Murphy at 6-7622 to register.

Televised chapel services

The MGH Chaplain's Department televises daily chapel services on MGH TV-Channel 16 as follows: 12:15 pm Interfaith Prayer Service, Monday through Friday; 4 pm Roman Catholic Mass, daily including weekends; Jewish services for Holy Days as announced; 24 hours a day the MGH Chapel Rose Window; and coming soon, music for meditation.

Research Symposium and Poster Session

The XVIII MGH Research Symposium and Poster Session will be January 19 and 20. On January 19 there is a poster session; a lecture from Thomas A. Waldmann, MD, Chief, Metabolism Branch, National Cancer Institute, National Institute of Health and Chairman, Scientific Advisory Committee entitled: "The Promiscuous Interleukin 2 Receptor is a Valuable Target for Immunotherapy of Leukemia and Graft-Versus-Host Disease"; and Oral Presentations.

On January 20 there will be an open MGH Scientific Advisory Committee Meeting, "Mechanisms in Support of Research at the MGH."

Contact Toni M. Donarumo at 6-1708 for more information.

Dr. Raymond Kjellberg

MGH neurosurgeon Dr. Raymond N. Kjellberg 68, a pioneer in neurosurgery and cancer research, died of cancer on December 20 at the MGH.

Dr. Kjellberg was born in Chicago. He served in the Army during World War II before earning both bachelor's and medical degrees at the University of Chicago.

He served his surgical internship at Peter Bent Brigham Hospital, where he also was assistant resident surgeon before becoming a neurosurgeon at the MGH. He also was an instructor in surgery and associate clinical professor of surgery at Harvard Medical School.

Dr. Kjellberg's major research interests were in Bragg Peak proton beam therapy, a form of radiation treatment, and in pituitary tumors and the therapy of brain swelling. At the time of his death, he was Director of Proton Beam Therapy at the MGH.

— New Year's resolutions

continued from page 1

Stop smoking

Individual counseling is available to assist those who smoke but want to quit through the Employee Health Service. Their program helps participants identify barriers to quitting; prepare by setting a quit date and working toward that date; and know what to expect in the days, weeks, and months after the quit date. This is a minimal treatment program that uses tapering and stress reduction techniques and is free of charge to all MGHers. For an appointment call Employee Health at 6-1625.

Another option is available through the MGH Quit Smoking Service. Their weekly five-session program offers group support and behavior change techniques, and sessions will include guest speakers. Specialists will cover managing stress, avoiding weight gain, preventing cardiac disease, and becoming a permanent non-smoker. The program can be combined with nicotine patch use and meets insurer's requirements for reimbursement of patch costs. A telephone hotline and ongoing support are available to participants. The program cost is $100. For more information, contact the Quit Smoking Service at 6-7443.

Exercise

Adults need just 30 minutes of moderate physical activity per day, which can add up quickly . . . ten minutes [illegible], fifteen there . . . Ideas for increasing activity:

- get off the T a stop early to walk
- take the stairs instead of the elevator . . . it's faster!
- use the MGH's new walking trails (Main campus map on page 1; CNY directions in the box to the right)
- check out membership discounts to area health clubs by calling the Benefits Office at 6-8133
- try MGH STEP and Aerobics classes, conducted by certified instructors, Monday-Friday, 12:05-12:50 and 5:15-6:15 pm, $3 per class
- look for the return of the lunchtime Walking Program this spring
- Meditation classes — Mondays, 1:00-1:30 pm, $1 per class
- Hatha Yoga for Beginners — Wednesdays, 1:05-2:00 pm, $3/ class

Meditation and yoga classes are led by Maureen Spencer, RN, MEd, CIC, Director of Infection Control Unit and Certified Yoga Teacher.

All exercise, meditation, and yoga classes are held in Ruth Sleeper Hall basement, Employee Exercise Room 020, and showers and lockers are available. Some classes are available at CNY. Call coordinator Donna Cutillo at 6-2014, for information.

Weight and nutrition

This year instead of focusing on **only** losing weight, learn how to make healthy nutrition, exercise, and behavior lifestyle changes. Join the MGH Nutrition Service Department's 12-week "Winning at the Losing Game" program, which starts January 18, 5 pm - 8 pm, a[illegible] meets for 12 consecutive weeks. Call 6-2779 to enroll.

Financial

- Find out about the tax-saver annuities MGH offers by calling the Benefits Office at 6-8133. TSAs are a great tax shelter and a wonderful way to save for retirement.

"Contributions made through payroll deduction can lower your current federal taxable income as well as accumulate tax-free until withdrawal," said Benefits Specialist Monica Fox. "Employees have the option of directing their contributions toward one or more investment options."

- Call the Harvard-MGH Credit Union at 6-1630 to find out about their different savings clubs and loan options that can help you get back on track financially.

Family

If you have committed to improving your family dynamics, attend some of the Employee Assistance Program seminars focusing on family issues. "Employees Have Parents Too" begins in March, and others will be offered throughout the year.

Training and Development

Maybe it's time to take another look at your Training Opportunities and Resources catalog or call the department at 6-2230.

Support to stop drinking and using drugs

Confidential assistance or referral is available by calling the Employee Assistance Program at 6-6976. Self-help support groups, Alcoholics Anonymous and Alanon, are held at Ruth Sleeper Hall, 1st floor, room 160, noon - 1 pm, Monday - Friday. AA meets Monday, Wednesday, and Thursday; Alanon meets Tuesday and Friday.

CNY Walking Guide

The 1/4 mile route: perimeter of Building 149 13th Street.

Try the 1/2 mile route:
Begin at the entrance of 149 13th Street.
Take right up 5th St.
Take right on 16th St.
Take right at end of 16th St. onto 1st Ave.
Take right onto 9th St.
Take right onto 4th St. to front of 149 13th St.

The MGH HOTLINE is published by the MGH News and Public Affairs Office.

Allen Peckham, *Vice President of Development and Public Affairs*

Wendy A. Matarazzo, *Edit[illegible]*

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MGH HOTLINE UPDATE

January 14, 1994

Merger Retreat Report

MGH and BWH Make Progress Towards Merger

As with any historic undertaking, the planned merger between Brigham & Women's Hospital (BWH) and The Massachusetts General Hospital will involve more than the hammering out of myriad details. Officials from both institutions are also committed to forging a shared vision of health care that will enable them to change with the times while remaining true to their guiding mission of patient care, research, and teaching.

Since December 8th, when the planned merger was publicly announced, two groups of BWH and MGH representatives have been meeting regularly to discuss details of the merger while keeping their sights on shared long-term goals and values.

One group, the board of trustees for the new parent company (temporarily named MGH/Brigham Health Care System) is concerned mainly with setting policy as well as legal and regulatory issues. The other, the transition committee, is addressing organizational and strategic issues.

The two groups are committed to keeping employees and staff at both hospitals as informed as possible. *Hotline* and *Hotline Update* will continue to provide regular updates about the progress of the planned merger.

The Board of Trustees

The system board is co-chaired by Ferdinand Colloredo-Mansfeld, Chairman of the Board of MGH, and John H. McArthur, Chairman of the Board of BWH. *(See sidebar, "Merger Discussion Leaders.")*

In meetings held over the last several weeks, the board of trustees has examined the many legal details of the planned merger with the assistance of the law firm of Ropes & Gray in Boston and the general counsel offices of both BWH and MGH. Much legal work is necessary to make the planned merger a reality. Key to this will be an element known as "due diligence" — through which information is shared and reviewed by each institution to ensure that this alliance will enhance the ability of both hospitals to fulfill their missions.

BWH, MGH, and the system board are in the process of filing — with both federal and state regulatory agencies — numerous documents necessary to effect the merger. At the state level, filings must be made with the Department of Public Health and Attorney General Scott Harshbarger's office; at the federal level, with the U.S. Department of Justice and the IRS.

The system board as well as the boards of BWH and MGH have also discussed how the merged institution will be governed. Those discussions will continue in the weeks ahead. It is anticipated that a governance structure for the merged institution will be submitted for approval to the members of the corporations of both BWH and MGH in February.

— More on other side —

Town Meeting Schedule

Town meetings with Dr. Buchanan are currently scheduled as follows:

4 p.m. Wednesday, February 2
WACC lobby/cafeteria

1 p.m. Thursday, February 3
Building 149 - Charlestown

MERGER

Mission Statement

Brigham and Women's Hospital and Massachusetts General Hospital are joining together in a commitment to better serve the needs of the community. Together, we are dedicated to taking a leadership role in an integrated, effective care delivery system and enhancing patient care, teaching, and research. We recognize that we can maintain excellence and leadership only by reducing costs of services and by attaining ever superior quality of care.

— *MGH and BWH Make Merger Progress*

The Transition Committee

Meanwhile, the transition committee (TC) has concentrated on developing a strategy to establish a broadly-integrated health care system. The TC is chaired by H. Richard Nesson, MD, President of BWH. J. Robert Buchanan, MD, General Director of MGH, serves as liaison between the TC and the system board.

At a retreat of the TC held Monday, the committee reviewed the mission statement for the merger *(see other side)* and the seven key tenets of a vision of how the merged organization will function. The TC then discussed strategies to make that vision a reality. These were presented by Craig Wheeler of Boston Consulting Group (BCG), the firm that has advised the system board about how to proceed with the merger.

The TC heard a presentation from Jeanie Duck, also from BCG, about how best to manage the process of change that any merger entails. She emphasized the need for regular and clear communications, especially to employees and staff of both hospitals. She also helped participants to better understand why issues of hospital culture and organization must be addressed if the merged institution is to reflect the strengths of both hospitals.

Jay Gellert, a consultant who has worked with MGH to help design its market and network strategy, then spoke about the key elements needed to be successful in the evolving health care environment, including those associated with market and network development, physician participation, and cost management. He also reviewed goals and timetables for developing academic, clinical, and research strategies.

To date, the TC has formed three task forces to discuss organizational and strategic matters in greater detail. As talks progress, additional task forces will be formed as needed.

A task force on **physician participation,** chaired by W. Gerald Austen, MD, Surgeon-in-Chief at MGH, has been formed to seek and encourage physician participation from both hospitals to help create the preeminent integrated health care delivery system in the country. Specifically, the task force will work to develop compatible physician structures between the two hospitals, will review options for how physicians can cooperate in patient care, and will establish plans of action and implementation.

A task force on **cost reduction,** chaired by Jeffrey Otten, Chief Operating Officer at BWH, will develop a detailed strategy for a two-year cost reduction effort in three areas: administration, operational support, and clinical support. The task force will focus on both short- and long-term efficiencies that will result in lower overhead costs and enable the merged institution to compete effectively as an integrated system.

A third task force, on **market and network development,** is chaired by Richard R. Crater, Associate General Director and Chief Operating Officer at MGH. This task force will develop a plan for an integrated health care system.

Throughout the merger process, a strong effort will be made to provide communications. Everyone at MGH is encouraged to talk about the merger with their supervisors and attend and ask questions at the February 2 and 3 Town Meetings. (Questions for Dr. Buchanan can be left in the boxes at the White Information Desk and the WACC Information Desk from January 20 until February 1 at 5 p.m.; or questions can be sent to Employee Relations, Bulfinch 2).

If there are specific thoughts you have on the merger or want a certain aspect of it addressed in future communications, send your comments to the News and Public Affairs Office, Bartlett Hall 9. While we will not be able to respond to each letter personally, your comments will help us tailor our future communications about the merger.

Merger Discussion Leaders

New Corporate Board

from the MGH:

Co-Chair: **Ferdinand Colloredo-Mansfeld**
Chairman of the Board

Vice Chair: **J. Robert Buchanan, MD**
General Director

W. Gerald Austen, MD
Surgeon-in-Chief
Chief of Surgery Service

Francis H. Burr
Honorary Trustee

from the Brigham and Women's Hospital:

Co-Chair: **John H. McArthur**
Chairman of the Board

Eugene Braunwald, MD
Chairman, Department of Medicine

H. Richard Nesson, MD
President and Chief Executive Officer

Richard A. Spindler
Trustee

Transition Committee

Chair: **H. Richard Nesson, MD**
President and Chief Executive Officer

Liaison to the Board:
J. Robert Buchanan, MD
General Director

W. Gerald Austen, MD
Surgeon-in-Chief
Chief of Surgery Service, MGH

Eugene Braunwald, MD
Chairman, Department of Medicine, BWH

Richard R. Crater
Associate General Director and Chief Operating Officer, MGH

Lee Goldman, MD
Chief Medical Officer, BWH

Samuel H. Kim, MD
President of the Massachusetts General Physicians Corporation, MGH

Jeffrey Otten
Chief Operating Officer, BWH

John T. Potts, MD
Physician-in-Chief, Chief of Medicine Service, MGH

Jay Pieper
Chief Financial Officer, BWH

Catherine Robbins
Associate General Director for Administration and Finance, MGH

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Bartlett 9 / Extension 2206

MGH HOTLINE UPDATE

January 28, 1994

Dr. Weyman Named Cardiac Chief

Arthur E. Weyman, MD, has been named Chief of the MGH Cardiac Unit. Dr. Weyman has been Director of Cardiac Ultrasound at the MGH since 1980. He is an international leader in cardiology with special expertise in the field of echocardiography, the use of ultrasound to examine the cardiovascular system.

Dr. Weyman is a graduate of Holy Cross College and the New Jersey College of Medicine. He served his internship and residency at St. Vincent's Hospital in New York, and completed clinical and research fellowships in cardiology at Indiana University. He was on the faculty at Indiana and the staffs of several affiliated hospitals before coming to the MGH in 1980.

More information about Dr. Weyman and his new position will appear in an upcoming issue of *Hotline*.

Town Meeting Schedule

Town meetings with Dr. Buchanan are currently scheduled as follows:

4 p.m. Wednesday, February 2
WACC lobby/cafeteria

1 p.m. Thursday, February 3
Building 149 - Charlestown

Dr. Weissman Named Associate General Director, Chief Nurse Executive

Gail Kuhn Weissman, EdD, RN, FAAN, has joined the MGH as Associate General Director, Chief Nurse Executive. Dr. Weissman comes to the MGH from the Mount Sinai Medical Center, where she had been Director of Nursing since 1972.

Dr. Weissman obtained her undergraduate degree from Vanderbilt University School of Nursing in Nashville, TN, and her Master of Arts in Nursing from Columbia University Teachers College in New York City. In 1979 she attended Harvard University where she received a Certificate from the Program for Health Systems Management. She received her Doctor of Education, in the Nurse Executive Doctoral Program, at Columbia University in 1988.

More information about Dr. Weissman and her new position will appear in an upcoming issue of *Hotline*.

MGH in the News

12/31/93 — Dr. Robert Brown of Neurology was interviewed by New England Cable News for a year-end story on medical discoveries. Dr. Brown was a lead member of a team at the MGH and elsewhere that discovered the gene responsible for ALS (amyotrophic lateral sclerosis or Lou Gehrig's disease).

1/5/93 — Dr. Christopher Stowell, Director of Blood Transfusion Services, was interviewed by Channel 56 regarding the national blood shortage.

12/29/93 — Dr. Maurizio Fava of Psychiatry was interviewed by Channel 5 regarding the use of Prozac to treat depression.

1/15/94 — Journal Report, the television arm of the *Wall Street Journal*, interviewed Dr. J. Robert Buchanan, General Director, regarding the intent to merge with Brigham and Women's Hospital. Journal Report also interviewed Dr. John Stoeckle of Internal Medicine regarding the role of the primary care physician in the proposed Clinton health plan, and videotaped a PET (positron emission topography) scan in the White 2 Radiology Unit.

1/18/94 — Dr. Ronald Kleinman of Pediatric Gastroenterology, was interviewed by Channel 4 regarding a hormone called BST

MGH takes active role in health care debate

President Clinton's State of the Union address this week dealt at length with the need for national health care reform and underscored the fact that no health care institution can hope to get through the next few years without making major changes. Although President Clinton promised to veto any bill that does not provide medical coverage for all Americans, he is willing to negotiate other details of the proposed health care plan.

A delegation from the MGH — Dr. J. Robert Buchanan, General Director; Thomas S. Durant, MD, Assistant Director; and Richard R. Crater, Associate General Director and Chief Operating Officer — traveled to Washington, D.C. on Wednesday, the day after President Clinton's speech, to express their concerns about how the proposed health care reform package will affect graduate medical education.

The MGH delegates joined colleagues from 12 other teaching hospitals in Massachusetts. They were accompanied by Christopher O'Neill, a lawyer and lobbyist who is a son of the late House Speaker Thomas P. O'Neill, Jr.

Drs. Buchanan, Durant, and Mr. Crater and their colleagues met with the state's 12-member congressional delegation, and staff members; with House Ways and Means Committee chairman Rep. Dan Rostenkowski; with the staff of Deputy Assistant Secretary of Health Brian Biles, MD; and with White House chief health policy aide Ira Magaziner.

Their concerns were well received. Members of both the Massachusetts state congressional delegation and the Clinton administration are committed to keeping the academic health centers vital. As the health reform effort continues, our legislative leaders have promised a continued dialogue. No matter the eventual form taken by national health care reform, the effects of managed care are already being felt across the country.

By working to create a model integrated health care system, the MGH and BWH have taken leading roles in shaping new, more efficient ways of delivering patient care while maintaining their historic dedication to teaching and research.

The details of the MGH/BWH partnership will be worked out over many months. But one thing has been certain all along: both hospitals will maintain their individual identities and their dedication to meeting the needs of patients in their distinct communities. Meeting the combined goal of forming an efficient, integrated health care delivery system can only strengthen both hospitals and, ultimately, improve health care services for the entire region.

Last Friday, the Board of The Massachusetts General Hospital and The General Hospital Corporation met again to further review elements of the alliance with the Brigham and Women's Hospital. Trustees at both the MGH and the BWH have heard presentations about the proposed alliance and will continue to be updated on its progress. Trustees at both institutions will join with their fellow Corporation Members to officially approve the affiliation and governance structure that will oversee the new integrated health care system which has been temporarily named the MGH/Brigham Health Care System.

Task forces established by the Transition Committee continue to meet on a regular schedule. These include task forces on **physician participation,** chaired by W. Gerald Austen, MD, **cost reduction,** chaired by Jeffrey Otten, Chief Operating Officer at BWH, and **market and network development,** chaired by Richard R. Crater, Associate General Director and Chief Operating Officer at MGH.

Everyone at MGH is encouraged to attend and ask questions at the February 2 and 3 Town Meetings. (Questions for Dr. Buchanan can be left in the boxes at the White Information Desk and the WACC Information Desk until February 1 at 5 p.m.; or questions can be sent to Employee Relations, Bulfinch 2).

Specific comments you have on the health care debate or the merger can be sent to the News and Public Affairs Office, Bartlett Hall 9. While we will not be able to respond to each letter personally, your comments will help us tailor our future communications.

Dr. Majic S. Potsaid, Former Director of Nuclear Medicine at the MGH, Dies at 77

Dr. Majic S. Potsaid, who began his medical career as a laboratory assistant but eventually became director of nuclear medicine at the MGH, died on January 13th. He was 77.

Dr. Potsaid was born in Pittsfield. After graduating from high school, he became a laboratory assistant at the U.S. Public Health Service cancer investigation unit at Harvard Medical School and then worked for a year at the National Cancer Institute in Bethesda, Maryland. During World War Ii, he served in the Army Medical Administrative Corps. for five years.

After the war, Dr. Potsaid entered a combined college medical school program at Yale University and earned his bachelor's degree in a year. He earned his medical degree four years later.

After serving internships in Central Maine Hospital and at the MGH, he maintained a general practice in Pittsfield for two years. He then became a radiologist, director of radiological research and director of nuclear medicine at the MGH. He retired from the hospital in 1988.

Dr. Kenneth McKusick, associate director of cardiovascular nuclear medicine at the MGH, who had known Dr. Potsaid for 20 years, remembered him as "a very special guy, a man who saw the future 20 years ago and recognized the changes that are occurring in medicine today."

He leaves his wife, Jeannette; two sons, Majic S., Jr. and Michael J.; two daughters, Janine Lee Foster and Barbara Jean Ramey; a brother, Alexander; a sister, Monica Iwanowiz; and eight grandchildren.

PLEASE RECYCLE

MGH HOTLINE

4 February 1994

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Bartlett 9, Extension 6-2206

Planting seeds of change

by Ann MacDonald

When Michelle Albert reads statistics about heart disease, which is the leading cause of death in America, she sees more than numbers. She sees a disturbing public health pattern.

Now a fourth-year medical student at the University of Rochester Medical School, Michelle wants to become a cardiologist. And she already has a clear idea of what still needs to be accomplished in the field.

"In minority communities, the death rate for heart disease is three to four times what it is in the general population," Michelle says. "I think we need to better target health messages for different ethnic groups."

This will become increasingly important in the years ahead, as so-called "minority" groups such as African-Americans and Hispanics comprise a larger percentage of the total population. One way to improve outreach to these groups is to increase the number of minority physicians. As it stands now, people of color living in urban communities tend to have limited access to physicians and health care. Research on the special health concerns of minority groups, such as the high rate of stroke and heart disease among African-Americans, has also lagged.

Nationally, people of color make up only 3 percent of medical school faculties. The MGH is committed to recruiting more minority physicians and scientists who, like Michelle, will contribute new ideas and perspectives about health care. But the hospital recognizes that it must nurture these young physicians early in their training and actively encourage them to enter academic medicine. Otherwise, there will be few people available to recruit.

"A career in academic medicine combines teaching with patient care, research, and administration," says John T. Potts, Jr., MD, Physician-in-Chief at the MGH and Chairman of the Executive Committee of the Minority Faculty Development Program at Harvard Medical School. "These physician-leaders will determine how health care is delivered to the next generation of patients."

In 1987, the MGH Department of Medicine established the Minority Recruitment Committee (MRC) to promote the increased representation of minorities in its house staff and faculty. Now chaired by Winfred Williams, MD, Director of the Office of Minority Health Professions, the MRC offers research, training, and mentoring opportunities for people of color at all levels, from high

continued on page 2

Michelle Albert photo by Jeff Thiebauth

February is Black History Month

In honor of Black History Month, the Minority Nurse Retention and Recruitment Committee (MNRRC) will sponsor a celebration in the Walcott room of the WACC on February 18, 9 am - 4:30 pm. At 11 am keynote speaker Beverly Malone, Dean and Professor of North Carolina A. and T. State University School of Nursing, will speak on "The Emerging Majority: A Challenge to the New Health Care Era." This is the Third Annual Cultural Diversity Day sponsored by the MNRRC, known previously as the Minority Nurse Task Force.

Later in the month, the MGH Cultural Diversity Committee will present "Coming Together," a networking experience. Representatives from community enterprises, African American displays, live entertainment, and light refreshments will be on hand. Thursday, February 24, 3 - 6 pm in the East Cafeteria, White Basement. For more information, contact Kathy Long of Employee Relations, at 6-5139.

Throughout the month look for displays in the General Cafeteria, the display case across from the gift shop on the main campus, and the main lobby of CNY Building 149.

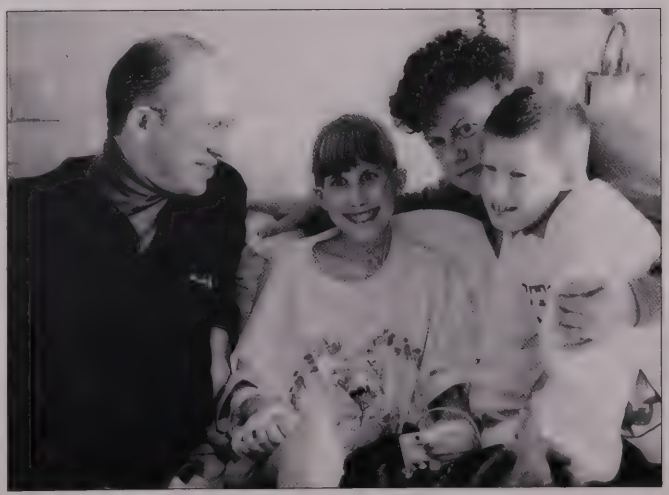
British youngster breathes a sigh of relief after unique thoracic surgery

Rebecca Mitchell had trouble breathing all her life. So much trouble that the otherwise healthy 12-year-old could not even walk a quarter of a mile without being in distress. After two operations in her native England failed to help her breath normally, doctors determined that her aorta was wrapped around her trachea, making her airway extremely small. The Mitchells were told that nothing more could be done for their daughter's life-threatening problem.

Last November, Rebecca's health took a turn for the worse. As her mother recalls, "Rebecca nearly died on November 7. It was clear we had to do something." British experts told the Mitchells that surgical techniques to correct airway obstruction problems were more advanced in the United States. They stated that the MGH's Hermes Grillo, MD, was one of the leaders in the field.

Without delay, the local Heart

continued on page 2



Rebecca Mitchell — with her father Paul, mother Ella, and brother Spencer — celebrates her first day on Ellison 13 after being released from the Respiratory Intensive Care Unit. Rebecca had been plagued by breathing problems her whole life and underwent thoracic surgery in January.

Watch for *Hotline* coverage of:

- **Town Meetings**
- **Recently named Cardiology Chief Arthur Weyman, MD**
- **New Chief Nurse Executive Gail Weismann, RN, EdD**
- **1994 Black Achievers: John Goodman, Dietetics; David Henderson, Psychiatry; Hazel Joseph, Admitting; and Colin Powell, Medical Records.**

Inside

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Friends of the Cancer Center benefit raises money for MGH cancer patients

Over 550 people attended the first-time benefit sponsored by the Friends of the MGH Cancer Center. The event, a cocktail party followed by a private shopping spree at F.A.O. Schwarz, raised more than $60,000 for MGH cancer patients. According to the Friends President Jensie Shipley, this event was such a success the next has already been scheduled for November 17, 1994.

To find out more about the Friends, their services, lectures, or membership, call 6-1063.

Photos by Jeff Thiebauth
(Clockwise from top left)
left to right, Maria Church, co-chair of the event; Jensie Shipley, President of the Friends of the Cancer Center; and Carolyn Graham, co-chair of the event.

Matt Plum, MGH corporation member, steps out a tune as wife, Vice President of the Friends Mauny Plum, watches.

Fay and Bill Windle of Brookline had fun supporting the event and finishing their holiday shopping.

Gretchen Ashton of Parking and Commuter Services and husband Tim enjoy the pre-shopping cocktail party with Director of Parking and Commuter Services John Nolan and his wife Karolyn Nolan, RN, BSN, Anticoagulation Unit Program Coordinator.

William Shipley, MD, radiation oncologist, and Donald Kaufman, MD, medical oncologist with toys.

— *Youngster breathes sigh of relief*

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Fund charity, to which the family had dedicated their time and effort to help other sick children for more than six years, told the Mitchells that it was Rebecca's turn. Within six weeks the industrial town of Leicester, England, had raised the equivalent of $42,000 to send Rebecca to the United States.

In a unique twelve-hour operation, Dr. Grillo and Cameron Wright, MD, rearranged the vascular structures in Rebecca's chest to alleviate the constriction of her airway.

"We performed an operation similar to that done for Rebecca to solve a somewhat similar problem in a patient from the Netherlands this fall," said Dr. Grillo. "But Rebecca's situation was truly unique, and the operation was designed specifically for her. Dr. Wright and I are very happy that she seems so fully recovered. She's a very brave person."

"We all enjoyed taking care of Rebecca, especially because we don't see many children in the Respiratory Intensive Care Unit," said Clare Beck, RN, RICU nurse. "Because Rebecca's pre-operative condition was so fragile and her medical problem so complex and unusual, she required two weeks of intensive respiratory care before she could move to the Thoracic Unit. In the RICU, we have expertise in managing airway and post-operative care for thoracic surgery patients and providing the family support so necessary in these cases."

The Mitchells take turns explaining and diagramming their daughter's health problem — sure signs that they are parents of a sick child. To celebrate Rebecca's release from intensive care, they and Rebecca's 10-year-old brother, Spencer brought her presents including the t-shirt she is wearing in the photograph on page 1.

Talking, walking, and eating, Rebecca said she "loves school . . . and American blueberry muffins." After less than one week on Ellison 13, the thoracic and adolescent floor, Rebecca was discharged from the hospital. She and her family will remain in Boston for a little more than a week, and then they will return to what is sure to be a celebratory homecoming.

— Planting seeds of change

continued from page 1

school to postgraduate training, as well as career support for interns and residents.

The MRC works closely with the Minority Faculty Development Program (MFDP) at Harvard Medical School — headed by Dr. Joan Reede, Assistant in Health Policy at the MGH — which serves as an umbrella for all recruitment, development, and retention initiatives for people of color undertaken at Harvard of at any of its affiliated hospitals.

Michelle Albert has already taken part in three of these programs. She first participated in the 1991 Summer Research Training Program (SRTP), which offers minority students the opportunity to work in MGH laboratories. She worked closely with investigators who were studying the role of endothelian, a substance that is suspected of causing coronary artery spasms.

Michelle won a Merck/MGH Minority Fellowship for the following year. The $10,000 fellowship, which is awarded to one or two outstanding minority students annually, was created by a grant from Merck, Sharpe & Dohme Research Laboratories to enable an SRTP student to continue his or her research. Michelle also spent the summer of 1992 working in a Merck laboratory where scientists were researching arteriosclerosis, the accumulation of fatty deposits on artery walls that often leads to heart disease.

"The fellowship helped me focus my interests and exposed me to the top researchers in cardiology," Michelle says.

Michelle came back to the MGH again this year to learn more about patient care during two separate visiting clerkships. The MFDP sponsored the first, in general internal medicine. Michelle later returned for a clerkship in cardiology.

"Continuity of support for students like Michelle is essential," says Dr. Potts. "Programs such as the SRTP, the Merck fellowship, and visiting clerkships provide that continuity."

Michelle's long-range plans are still being formed, but she is certain that her career will be in academic medicine. "When you grow up in a community, you understand that community's needs," Michelle says. "I want to help improve the public health of minority populations — as a physician, a researcher, and a teacher."

Annual AIDS Awareness Week

The MGH AIDS Educational Task Force will sponsor an HIV/AIDS Awareness Week February 14 - 18. For the first time, two panels that have been created by MGH employees will be on display. Two additional segments of the International Names Project Quilt will also be on display.

The quilt in total is made up of 12 foot square panels that each contain segments 3 foot by 6 foot that have been created by family, friends, co-workers, and others to remember those who have died of AIDS. The total quilt is now too big to be displayed in any one place so small segments are sent all over the world for display. It is a vivid reminder to us all that you do not have to be infected with HIV to be affected by it. The quilt will be on display:

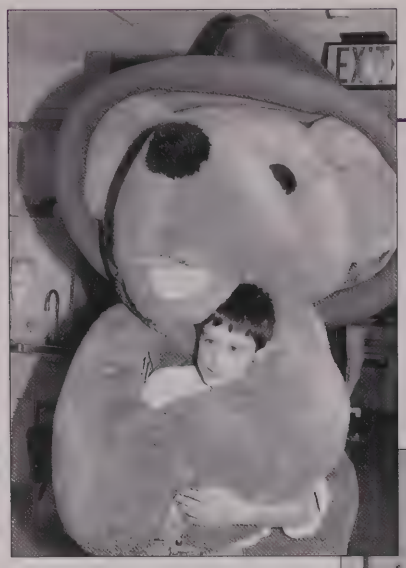
February 14 - 16 in the WACC lobby
8 am - 4 pm daily

February 17 - 18 in the CNY Bldg. 149 lobby
8 am on the 17th through 4 pm on the 18th

MGHers will start a panel that week which will include names of those they remember as a way for employees, patients, family, and friends to add a name of someone who has died of AIDS to the quilt. The base of the panel will be ready and individuals will be able to obtain a piece of material and directions to add a name. Directions and materials will be available from February 1 - 14 at:

Employee Health Service, Clinics 382
7:30 am - 4 pm, Monday through Friday

Human Resources, CNY Bldg. 149, 7th floor
8 am - 4 pm, Monday through Friday
(Materials also will be available in the lobbies when the quilt is on display February 14 - 18.)



Eben visits MGH pediatric patients

During this year's annual visit, Jordan Marsh's Eben the Bear surprised MGH pediatric patients. (Above) Tommy Melville, an avid stuffed bear collector, gets a "bear hug" from Eben. (Right) Eben watches Zuleska Gonzalez draw.

Bedded outpatients: tailoring care to the patient

As new guidelines for patient care are set by managed care plans, the MGH is working to respond to payors and create a broader range of facilities and clinical models for patient care. Previous stories in *Hotline* have covered the networking efforts of the hospital. But what about changes right here on the MGH main campus?

"Health care requires more of a continuum of care than simply inpatient or outpatient status," said James Richter, MD, Vice President and Medical Director of the Massachusetts General Physicians Corporation. "We are building a system that creates new opportunities and facilities for care." Dr. Richter is also co-chair of the Physicians Subcommittee of the new Bedded Outpatient Program.

MGH bedded outpatients are patients who require outpatient services and are accommodated in an inpatient bed on designated care units. They fall primarily into two categories: routine post-procedure recovery patients (RPPR) and observation patients.

In mid-November, the MGH's Bedded Outpatient Program began working with RPPR cardiac catheterization patients. Traditionally these patients have been admitted to one of several general medical floors for the post-procedure care and have spend a night in the hospital.

Under the new Bedded Outpatient Program, outpatients are scheduled for a catheterization as early in the day as possible, then moved to White 9 for their post-procedure care. The patient receives the appropriate care and attention, congestion in the Cath Lab is reduced, and costs are lowered.

"Having these patients in one location improves care, gets the nurses and physicians geared up for rapid discharge, and streamlines procedures," said Mary Connaughton, RN, Director of Medical and Emergency Nursing Services. "We are looking at both quality and cost issues."

"The Majority of patients are ready to go home the same night of their procedure," said Pam Anderson, RN, White 9. "Many of them are men in their 40s and 50s who are relatively healthy. If there are no complications, they are glad to go home to their families." As an added measure, each patient receives a follow-up phone call the next day from a nurse who double checks that everything is continuing to go well.

The RPPR part of the program will expand to incorporate medical and gynecological one-day chemotherapy patients, slated to begin in mid-February, and radiological procedure patients, slated for implementation in early March.

The second phase of this program will incorporate lessons learned from phase one RPPR patients and will focus on observation patients, many of whom initially come to the MGH via the Emergency Department. An observation patient is an outpatient who is assumed to need an inpatient bed for less than 24 hours, and whose condition requires skilled care for the purpose of determining the need for an inpatient admission.

Executing this facet of the program will help decompress the Emergency Department, freeing up the staff to focus on priority emergency patients while maintaining quality care for observation patients. "By building networks, creating alliances, and rethinking internal processes, the MGH is helping to define a menu of health care options," explained Dr. Richter.

"Health care requires more of a continuum of care than simply inpatient or outpatient status. We are building a system that creates new opportunities and facilities for care."

Needless to say, designing this program has required each department across the hospital to critically review its current operations. Marianne Ditomassi, RN, and co-chair of the Bedded Outpatient Interdisciplinary Committee said "The key to success for this program is flexibility. Instead of the department responding to the 24-hour-a-day challenge of the new bedded outpatient population with excuses, each department must redefine their service guarantees."

According to Kathleen Erwin, Director of Admitting Services and co-chair of the Bedded Outpatient Oversight Committee, "While some third part payors remain inconsistent in their definitions of the administrative and reimbursement aspects of short-stay services, the Bedded Outpatient Program has been an exciting process in terms of our ability to create a sound program that is MGH's own in terms of clinical and cost effectiveness.

Mandi Bulette, RN, Manager of the Pre-admission Clinic says that MGHers will be hearing a lot more about the program in the upcoming months, through the efforts of her education committee.

ALS research supported

The Massachusetts Chapter of the ALS Association recently donated $4,000 to Dr. Robert Brown for his research on amyotrophic lateral sclerosis or Lou Gehrig's disease. Left to right: Vivian Zottola (seated), Barbara Mahoney, Deborah Bulkely (seated), Diane McKenna-Yasek, and Ginny DelVecchio presented the check to Dr. Brown at the Neuromuscular Research Center in CNY Building 149.

How to make your mail go faster

Mail Services recently initiated a hospital-wide address system designed to reduce mail through-put time and to improve sorting accuracy. Consistent use of the new addresses by hospital employees makes it easier for Mail Service employees to sort the mail since the mail room is arranged according to the address system.

This new system is already producing positive results. However, in order for the system to work to its fullest potential the cooperation of all MGHers is necessary.

- Always include the MGH address when sending in-house mail.
- Always include your MGH address as part of the return address on any item which you mail out of the hospital whether first class, parcel post, or Federal Express.
- Always include your MGH address when providing somebody with your mailing address.
- Always have your MGH address printed on your stationary and business cards.

To assist you in providing your new MGH address to regular correspondents, including magazine subscriptions, Mail Services has prepared pre-printed change of address cards. Users fill in their name and new MGH address, address the card, and send it to Mail Services. Mail Services will mail the card at no charge to the user's cost center or fund. These cards may also be used for inhouse correspondents. Change of address cards are available from Mail Services.

MGH mail addresses are unique identifiers and may not always correspond with individual office room numbers. To check for the correct MGH address, contact Mail Services for assistance. On the main campus call 6-2261 and in Charlestown call 6-5488.

In General

Emmett V. Schmidt, MD, PhD, of the MGH Cancer Center has been awarded one of five grants given annually by the Boston-based Brain Tumor Society for his work in determining the effect of specific growth factor receptors on the development of glioblastomas (brain tumors).

Carolyn Tamer, RN, ET, of the Stoma Service, was named Nurse of the Year by the New England Region of the Wound, Ostomy, Continence Nurse Society in October. Ms. Tamer, along with **Jean Donovan, RN, ET**, cares for ostomy patients on both an inpatient and outpatient basis.

Deanna Pearlmutter, RN, EdD, Director of Surgical and Psychiatric Nursing Services, gave the keynote address at the Academy of Medical-Surgical Nurses (AMSN) meeting in New Orleans this fall. Her presentation was part of AMSN's continuing education program and was titled "Think Positive, Think Powerful: The Mindset for Medical Surgical Nurses."

Jane Murphy, PhD, received the Rema Lapouse Award given by the Mental Health Section of the American Public Health Association at its annual meeting in October. The award recognizes Dr. Murphy's contributions to the field of psychiatric epidemiology.

Guochuan Tsai, MD, a resident in Psychiatry, has received two awards: the National Institute of Mental Health Outstanding Resident Award and the American Academy of Child & Adolescent Psychiatry Leadership Award for Residents.

Donna Greenberg, MD, of the Departments of Medicine and Psychiatry, was named President-Elect of the Association of Medicine and Psychiatry.

Deborah Blacker, MD, ScD, of Psychiatry, has received the National Institute of Mental Health's Scientist Development Award for her work in "Defining Caseness for Psychiatric Linkage Studies."

Richard O'Sullivan, MD, of Psychiatry, was awarded a two-year National Institute of Mental Health national Research Service Award through the Clinical Research Training Program at Harvard Medical School Department of Psychiatry for research on trichotillomania (obsessive hair-pulling).

Tuong Van Nguyen, MD, a resident in Psychiatry, has been accepted for the Program for Minority Research Training in Psychiatry as a "mini-fellow," with funding through the National Institute of Mental

What's Happening

"Look Good, Feel Better"

The MGH and the Comprehensive Breast Health Center have introduced the American Cancer Society "Look Good, Feel Better" program. Small, informal workshops will be scheduled at the Comprehensive Breast Health Center, Zero Emerson Place, Suite 112, on the first Saturday of each month. Join cosmetology professionals to learn techniques to "Look Good, Feel Better" during cancer treatment.

For more information, or to register for the next workshop, call Volunteer Services at 6-8540.

Chelsea Health Center

MGH's Chelsea Memorial Health Center Domestic Violence Task Force is planning an awareness campaign for February 14. The campaign will include several public service announcements and a panel presentation on the local cable television station. The Health Center is encouraging anyone experiencing domestic violence to walk into the center at any time.

Menopause

The seventh annual series of sessions dealing with issues of menopause will be offering the following schedule:

Wednesday, March 9 — Dr. Isaac Schiff will speak on menopause, how it happens, what to expect

Thursday, April 7 — Dr. Masha Etkin will speak on hormone replacement therapy

Wednesday, May 4 — Sonja McKinlay, New England Research Institute, will discuss the institute's large study of menopausal women over the past thirteen years

Tuesday, June 7 — Kathleen Ulman, PhD, will address "Mood swings in menopause — myth or reality?"

This free group is offered by the Social Service Department. Meetings are from 1:30 — 3 pm in the Walcott Rooms of the WACC. If you have questions or would like further information, please call Elsa Ramin, LICSW, at 6-2603.

Valentine's Day flowers

Order your Valentine's Day flowers at the MGH Flower Shop before February 14 and receive a 10 percent discount. Call 6-4500 for more information or to place orders.

The MGH HOTLINE is published by the MGH News and Public Affairs Office.

Allen Peckham, *Vice President of Development and Public Affairs*

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MGH HOTLINE UPDATE

February 4, 1994

MGH/BWH Alliance

Transition Committee Assigns New Task Forces, Considers Names for New Entity

Members of the Transition Operating Committee (TOC), charged with addressing organizational and strategic issues involved in the MGH/BWH affiliation, reported at their Tuesday meeting that progress continues in the legal, regulatory, and governance process necessary to formalize the alliance.

Trustees and corporation members of both institutions are expected, within the next 30 days, to officially approve the affiliation and governance structure that will oversee the new integrated health care system.

The TOC heard reports from the chairs of three new task forces; heard a progress report from the cost reduction task force; and reviewed a list of 40 name suggestions for the new corporation/health system.

In other transition news, Eugene Braunwald, MD, Chairman, BWH's Department of Medicine, reported that the newly created Research Task Force will explore opportunities to increase the quality and quantity of research of the affiliated hospitals.

Another new task force, chaired by MGH Physician-in-Chief, John T. Potts, MD, will focus on the training of interns, residents, and clinical fellows in the new entity.

Lee Goldman, MD, Chief Medical Officer at BWH, is chairing a task force on issues relating to primary care. The group will report on the training and retention of primary care physicians in the new health care system.

Also at Tuesday's meeting, Jeffrey Otten, BWH's COO, presented a report of the Cost Reduction Task Force he chairs. Otten reported that the committee had reviewed and discussed restructuring experiences of other industries, reviewed current cost reduction efforts at BWH and the MGH, begun compiling databases to help with cost-cutting decision making, and established a subcommittee to evaluate employee relations and communications aspects of anticipated cost reduction efforts.

State Your Name

While already considering the merits of 40 possible names for the MGH/BWH alliance, the Transition Operating Committee is seeking further ideas. If you have a suggestion that reflects the institutions' traditions of excellence and leadership, submit it to News & Public Affairs, BAR904.

Main-Campus Town Meeting Highlights

On Wednesday afternoon, Dr. Buchanan spoke before an audience of some 200 employees and staff on the main campus. Most of his remarks focused on the proposed alliance with Brigham and Women's Hospital.

"Merger," he noted, "is a very bad word to describe what we intend to do. We are joining forces to create a model, integrated system. We intend to run two separate hospitals for the foreseeable future. Clinical consolidation, if it occurs, will be evolutionary in nature and will occur over time."

Dr. Buchanan went on to say that everyone at the hospital should anticipate downsizing, but that it is a response to the managed care revolution now taking place in Massachusetts and not a result of the proposed BWH/MGH partnership. If the affiliation is successful, he emphasized, it should be possible to *reduce* the need to downsize.

"Everybody is concerned about job security," Dr. Buchanan noted. "It depends on how successful each of us is in making sure that care is cost efficient, graceful, and amenable to patients."

He stressed the importance of building the hospital's primary care base, and urged everyone at the MGH to avoid turf battles and look for new ways to collaborate and evaluate the ways the hospital accomplishes its tasks.

Look for more detail on this and Thursday's town meeting in Charlestown in future Hotlines.

MGH in the News

January 27 **— Dr. Cornelia Cremens of Geriatric Psychiatry was interviewed by the *New York Times* for a column about encouraging elderly parents to be more social.**

January 27 **— Dr. Hermes Grillo, Chief of Thoracic Surgery, and members of the staff of Ellison 13 were interviewed by *WBZ-TV, Channel 4* regarding 12-year-old Rebecca Mitchell, a patient of the Thoracic Surgery Service. Drs. Grillo and Cameron Wright, also of Thoracic Surgery, performed a life-saving operation on Rebecca, a native of Leicester, England, in early January. (See the front page of this month's *Hotline* for a more detailed account of Rebecca's operation and treatment.)**

January 31 **— Dr. Jerrold Rosenbaum of Psychiatry was interviewed by *WBZ-TV, Channel 4* regarding the drug Efexor, a new antidepressant. Dr. Rosenbaum discussed the pros and cons of this new drug treatment versus the more widely prescribed antidepressant, Prozac.**

February 2 **— Dr. Tim Wilens of Pediatric Psychiatry was interviewed by *WBZ-TV, Channel 4* about the effects of sugar in the diets of hyperactive children.**

MGH Blood Bank *Urgently* Needs Donors

The holidays and winter weather have had a chilling effect on blood donation. Help change the trend by giving blood Monday through Thursday, 8:30 a.m. to 7:30 p.m. and Friday 8:30 to 4:30 at the Blood Bank in the Gray lobby.

Dr. Buchanan Sets the Record Straight in a *Boston Globe* Letter to the Editor

Last Wednesday, January 26, a contingent of Massachusetts teaching hospital executives — which included MGH General Director J. Robert Buchanan, MD — met with the Massachusetts Congressional delegation in Washington, DC to voice concerns over the Clinton health plan. The next day, in an article entitled, "Mass. hospitals decry reform toll," The Boston Globe wrote that the state's "powerful" teaching hospitals are "worried" by the plan and are in the midst of a "push and shove over money." Dr. Buchanan put the hospitals' legitimate concerns into perspective in a Letter to the Editor, reproduced below, that was published in The Boston Globe this Tuesday, Feb. 1.

Teaching Hospitals Back Clinton's Health Plan

Last week, the heads of Massachusetts' teaching hospitals met with our congressional delegation, committee leaders and members of the Clinton administration to explain our concerns about how the administration's proposed health care reform bill would affect our institutions and to ask for help as Congress moves toward our mutual goal of health care reform.

I was perplexed to learn from the Globe (Jan. 27) that our institutions were in Washington to "decry reform toll." I cannot think of a more inaccurate assessment of our message. It is disheartening that expressing concerns honestly and in good faith can be characterized as opposition.

Let me be clear. Massachusetts' teaching hospitals support the president's plan. We believe it *is* a crisis that 37 million Americans do not have access to quality, affordable health care. We believe that the number of primary care physicians must be increased. We believe that the insurance system is broken and must be fixed. In short, we support the president's plan and urge its speedy enactment.

We strongly support the aim of the administration's Graduated Medical Education provisions, which provide a separate pool of funds to support GME. This recognizes that the GME serves a national need and is appropriately paid for by everyone. Do we support every aspect of the president's plan? Of course not. But we are aware that change is inevitable. Of the reform plans before Congress, the president's is the best for teaching hospitals and academic medical centers.

As we work with Congress and the administration, we will focus on our areas of agreement. We have come too far, through the tireless efforts of Sen. Edward Kennedy and the cooperation of the White House, to play into the hands of reform opponents who highlight our differences. Now that we have a president with the courage to lead, Massachusetts teaching hospitals will follow.

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MGH HOTLINE UPDATE

February 11, 1994

Town Meetings

Questions About Alliance with BWH Predominate

After apologizing for canceling the December Town Meeting, General Director J. Robert Buchanan, MD, fielded questions at the February Town Meetings on topics as diverse as the proposed alliance with Brigham and Women's Hospital, cafeteria prices, and pension funds. Reflecting the majority of questions, this week's issue will focus on the proposed alliance with BWH.

Dr. Buchanan explained that although efforts were made to inform MGHers about the alliance with BWH before the news appeared in the media, it was not possible because the media broke the story even before the Board had officially voted on the proposal.

He went on to clarify the alliance: "The word merger is a bad word to describe what it is we intend to do. We intend to join forces to create a model integrated health care delivery system .... It's a very ambitious — some people would say bold — decision and we have reason to believe after studying the issues carefully that it should continue to position the MGH and our partner the Brigham as the two leading acute general hospitals in the region."

The following are some specific questions asked during the Town Meeting, with responses from Dr. Buchanan and Richard Crater, Associate General Director and Chief Operating Officer.

Q: How long do you think the joint venture or alliance is going to take?

"I think that the alliance will evolve slowly but surely, and that you will never be able to mark an end point. If it is as successful and exciting as I believe it will be, it will grow and prosper and develop new opportunities and new programs that will enrich the already rich history and tradition of this institution.

"I really mean it when I say to you that the one thing, more than anything, that I'm going to miss as I leave you, is the opportunity to be an active advocate and participant in the development of this new integrated health care system. I honestly believe that it is the most exciting possibility that has developed in my 12-year tenure here. And I think that anybody who views this otherwise is doing themselves and the institution and most of all the communities we serve an enormous disservice.

"We have something special to bring to a pioneering effort that could be a model of private sector success in solving a vexing, chronic, long-term problem of maldistribution of health services and excessive costs that the government has not been able to deal with. I believe the private sector can deal with this. I don't know any better institution in the private sector to undertake it than the MGH, especially when joined by another extraordinarily strong institution, the Brigham. I think the prospects are incredible."

Q: Will we downsize?

"I think we should anticipate that. Should we anticipate any downsizing *because* of the alliance? The answer is no. The market out there is saying that there is excess capacity in Boston in the acute general hospitals. So with or without the alliance, and most especially without it, it's our conviction that downsizing will be necessary."

"We are not currently planning additional layoffs. Will there be additional layoffs? I cannot predict, it depends upon how much demand there is for our services. If we can't keep the beds full, if we can't keep the admissions rolling in, if we need to close nursing unit beds to economize, we will have attrition, at the very least, and we may have layoffs. I know that

A Few Reminders

HIV/AIDS Awareness Week

The MGH AIDS Educational Task Force will sponsor an HIV/AIDS Awareness Week February 14 - 18. For the first time, two quilt panels that have been created by MGH employees will be on display. Two additional segments of the International Names Project Quilt will also be on display. Look for the quilt:

February 14 - 16 in the WACC lobby, 8 am - 4 pm daily

February 17 - 18 in the CNY Bldg. 149 lobby, 8 am on the 17th through 4 pm on the 18th

Black History Month

In honor of Black History Month, the Minority Nurse Retention and Recruitment Committee will sponsor a celebration in the Walcott room of the WACC on February 18, from 9 am to 4:30 pm. On Thursday, February 24, from 3 to 6 pm, the MGH Cultural Diversity Committee will present "Coming Together," a networking experience, in the East Cafeteria, White Basement. During the month, look for displays throughout the hospital.

creates anxiety, and I know it creates worry and concern in the workforce, but ask me a question and I'm going to give you an honest answer. The honest answer is I hope we don't, but if that's what it takes to manage the situation effectively, that's what will happen. At the present time I repeat, we're not planning any layoffs.

"We are going to have to do two very important things. The first is, we have to get our costs down. You've heard me say that before, but I can assure you that I have never meant it more than I do today. Our costs are probably 20 to 25 percent above the market, and we've got to fix that because our competitors are not only the hospitals in Boston, but also the community hospitals out in the suburbs which over the years have grown more and more sophisticated in what they can offer their communities by way of health care services.

"The fact that we have unusual costs related to the education of physicians, nurses, and other caregivers and that we have a major research program which also carries with it specific costs is of no concern to the people who buy health insurance today ... They are interested in patient care costs ... So we have to become ever more cost conscious and ever more concerned with effectiveness and efficiency.

"We will have to take a whole new set of attitudes, each and every one of us, about our jobs. Whether we're prepared to see them restructured, whether we're prepared to learn some new skills in order to do those jobs more effectively, and whether we are going to be willing to be collaborators with people in other departments and other units rather than say, this is my turf and that's your turf and you stay where you belong, I'll stay where I belong.

"This isn't going to be an overnight exercise in an institution as complicated and as large as this one is. But you can be sure that as the months and years roll on, we're going to have to look at things in nontraditional ways if we're going to succeed .... This is exactly what the leading institutions are doing across the country."

Q: At the news conference [announcing the alliance with BWH] you said we are going to save 20 percent. Can you explain where this is going to come from?

"I can talk about the 20 percent. Before there was any discussion in the public arena about the Brigham relationship, your management had made a decision that we had to cut 20 percent of our costs out in order to be competitive in the industry and in the region. That was the reason that we took approximately $27 million dollars out of the budget for this current year, in order to keep our expense budget for Fiscal '94 flat as compared to Fiscal '93. So the Brigham situation is not the reason we are taking the money out. It is the competitive marketplace that demands it.

"It is increasingly difficult after you've done it a couple of years in a row. But the job re-engineering issue, I think, is critical.

"I think outcomes research to determine what are effective clinical activities is also very important. The power of the pen on the order book is something that has never been critically assessed, and we must do that. We must look at how the tasks in our units are assigned and executed and whether there are more effective ways of doing things. This is a revolutionary kind of thing that we are facing, and it's there that the money must come from. If it doesn't come from there, I don't know where it will come from because that's the main line of our business. The potential savings are in the nitty gritty, not in the across the board cuts. We've done all of that we can afford to do."

Richard Crater: "The alliance is going to afford opportunities to cut costs. An example is a comparison of prices we pay for goods and what the Brigham pays. They pay less for some things and we pay less for others. Together we may pay less on more things. That's clearly a simple example of the kind of thing the alliance allows us to do.

"We know that when we look at the two institutions, there are situations in which they have found a better way to do something for a lower cost than we have. We can see situations where we do a better job than they do. By looking at so-called "best practices," we can save money. A recent examination of the estimate of what we could save shows that something in the range of $50 million could be saved by adopting the best practices between the two institutions — it runs about $25 million savings to each."

For more information on the Town Meetings, watch future Hotlines and the "Since You Asked" boards.

MGH *in the* NEWS

Programs to Watch For

Dr. Daniel Podolsky, a gastroenterologist, will be interviewed about a new recommendation for the treatment of stomach ulcers on *WCVB-TV, Channel 5.* The show airs Sunday, February 13, at 9 am. Dr. Podolsky was a member of an independent panel convened by the National Institutes of Health which recommended that antimicrobial agents, including antibiotics, be added to the conventional treatment of ulcers.

CBS Evening News* interviewed Dr. J. Robert Buchanan, general director, Dr. John Levinson, vice president for contracts and program development for the Mass. General Physicians Corp., and Dr. Mark Eisenberg, a primary care physician at the Bunker Hill Health Center, for a segment about the proposed alliance with the Brigham and Women's Hospital. *CBS* spent two days filming within MGH and the Bunker Hill Health Center as well as at Brigham and Women's. The piece airs Sunday, February 13, on the *CBS Evening News, 6 pm (locally WHDH-TV, Channel 7).

Dr. Donald Medearis, Chief of the Children's Service, staff members of Ellison 17, and several patients and their families were interviewed by *WCVB-TV, Channel 5,* for a series scheduled to air during the week of February 21.

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MGH HOTLINE UPDATE

February 18, 1994

Town Meetings

MGH Must Change to Face New Challenges

Earlier this month MGH General Director J. Robert Buchanan, MD, delivered exactly what most MGH employees have come to expect at Town Meetings: straight answers. While questions about the proposed alliance between the MGH and Brigham and Women's Hospital dominated the exchange (see "Questions About Alliance with BWH Predominate" in the February 11 *Hotline Update*), below are some of the inquiries concerning more immediate issues closer to home. The principal theme of Dr. Buchanan's replies was that the MGH must change some of its practices as it faces new challenges in the health-care industry.

Q: Has administration added people?
"The answer is yes. Have we lost people? The answer is yes. We are retooling for new kinds of challenges that we have not had to address in the past. And so we made some rapid changes. For instance, we have brought on some new consultants. We can't address the changing environment without having the quality of talent and type of talent we need to provide new directions to this institution."

Dr. Buchanan went on to explain some of the aspects of managed care that necessitate MGH's "retooling."

Capitation
"If you look at northern California, which is a part of the country in which managed care has been established for some time, you find that care is paid for on a capitation basis, not discounted from a fee for service, which is generally the way we're paid now. Capitation stipulates that providers deliver all the care an individual or family needs for a flat fee. So providers carry the risk of delivering the care needed for a sum that does not exceed the capitation payment.

"Now that's a new experience for us. And it's clearly going to seep through this institution to make everybody much more thoughtful about what they order, why they order it, and what the expected outcomes will be. If we are ever going to generate a [revenue] surplus, it will only be because we provide the care needed for a cost that is lower than the capitation payments we receive."

Decreased Admissions
"We can also expect to see fewer admissions. In areas where care is paid for on a capitated basis, the number of admissions per thousand population is approximately half of what it is in Massachusetts. That's a staggering fact. Moreover, the average length of stay is significantly shorter than it is in this state. If you add those two facts together, you can bet that the over-capacity in the Massachusetts system will turn out to be even greater than we now think it is."

The Role of Primary-Care Physicians in a Managed-Care Environment
"[In a managed-care environment] primary-care doctors manage access to specialty care. In Boston, we have far too few primary caregivers and an excess of specialists. That means we are faced with the challenge of expanding the number of primary caregivers who are linked to this institution. As a result, we have launched a two-tiered effort: our first goal is to expand the primary-care base of this institution in its traditional neighborhoods; the second is to expand primary-care bases that are associated with community hospitals so they will refer their specialty-care patients to us.

"I think there are ways we can welcome professional colleagues into our community. In the past we have not welcomed as many primary-care doctors into the fold as we now require. We must undertake a cultural change in our reorientation to primary care."

Q: Would primary-care physicians in private practice have admitting privileges here?
"I would not make that blanket assertion. However, I would say properly credentialed primary-care physicians might well be granted permission to admit patients to the MGH as we change our culture and our attitudes."

Q: Does the MGH intend to cut $25 million from the budget next year?
"Yes. Our goal is to do that for each of the next three years. We hope to take a

MGH Quit-Smoking Service Can Help You Kick the Habit

The MGH Quit-Smoking Service presents a smoking cessation program beginning March 2. The program's eight sessions will take place on Wednesday evenings from 5:30 until 7:00. Participants will learn how to prepare for quitting, cope with stress without cigarettes, prevent weight gain, and avoid relapse. Advanced registration is required. For more information call Thelma Tisdale at 726-7443.

total of 20 percent out of our operating budget over a period of years. We plan to do that based on what we estimate our expense budget needs to be in order for us to remain competitive."

Q: Why have cafeteria prices gone up?
"They have gone up for some items, but not across the board. We have asked the food service to price their items so that they break even. That's part of the whole effort to save money. We can no longer subsidize food because it is not a policy that benefits everybody."

Q: Where are MGH pension funds invested? CDs, T bills, or mutual funds?
"All of the above. I can assure you that they are not vulnerable and are as protected as any funds I can imagine. We cannot touch them as a matter of law. Moreover, they are invested to be a source of income for you when you retire, and as such they are managed carefully and conservatively so you can be assured that when you need it, the money will be there."

Q: Did top administration give themselves a raise even though employees lost one week vacation and got no raise this year?
"Absolutely not. That's not the way this administration behaves."

Q: Will our salaries be frozen next year?
"I don't know quite how to answer that. To tell you the truth, there's a reasonable chance. My personal position is that I would not like that to happen. And if we continue to do as well as we are doing at the moment, I would hope it would not be necessary. It is not a good thing to freeze salaries. I am well aware of it, and I don't think anybody in senior management or the Board would like to do it. So the best answer I can give you is keep up the good work. We're on budget. In fact, we're a little ahead of budget right now. If we stay there, I'm optimistic about the prospects for next year."

Q: Why have employee health-insurance premiums been raised?
"We raised the insurance premiums *and* the allowance credited to each employee. Your health-insurance premium increase depended upon which health-insurance benefit you elected. And I have to warn you that at the rate our health-insurance premiums are going up, we will have to continue to pass some part on to employees. We will continue to try to subsidize it, but we cannot subsidize it entirely. This is the very reason we now have so much managed care in Massachusetts. In fact, if you look at the MGH work force, we have a huge percentage of people now enrolled in managed care. And I'm happy to say MGH Plus is the lead attraction in that list."

Q: How does MGH justify the use of consultants and temps?
"We try to use consultants for short-term, special kinds of assignments. If we use them for more than that, it's not in accord with our policy. The same applies to temps. If we have a continuing need for permanent employees in given circumstances, we should hire people permanently and pay them according to our policy. But for short-term employment, it is far better for us to go to the temp pool than to hire employees to whom we have a responsibility of long-term employment. At the present time, hiring permanent employees is not appropriate; we are trying to shrink the work force over time as gracefully and painlessly as possible, rather than increase it."

Q: Why doesn't MGH offer employee discounts on public transportation?
"We figured the cost and decided that we simply could not spend hundreds of thousands of dollars a year on that particular benefit, which would go to only a portion of the work force, not to everybody. One of the things we try to do, believe it or not, is to think about how a particular benefit will play out in a work force of approximately 10,000 people. Our intent is to be as even-handed and as fair as we know how."

Q: When patients from out of state receive free care at MGH, is the hospital reimbursed by Massachusetts, the patients' home states, or not at all?
"If they are free-care patients as defined by the State of Massachusetts, we get partial reimbursement out of the state's free-care pool. However, the pool is established by a surcharge — a tax — on the hospital's bill. And we are a 'donor institution,' which means we put in more money than we get back for our free care because of our billing volume. Our contribution is very substantial.

This plays a large role in the debate that the attorney general has launched around community service, and what we as an institution need to do to continue to be considered tax exempt. This is an important consideration because I don't believe the guidelines he has issued take into consideration our huge contribution to the free-care pool."

Watch future issues of Hotline Update and the "Since You Asked" boards for more information about the earned-time issues raised at the Town Meetings.

MGH *in the* News

February 8 — Dr. Frederic Frigoletto, Chief of the Obstetrics Service, was interviewed by *Self Magazine* about his study about the appropriate use of prenatal ultrasound examinations.

February 15 — Dr. David Ahern, Director of the Behavioral Medicine Unit was interviewed by *The Boston Globe* on the effect of weather changes on people's behavior.

February 15 — Dr. Ronald Kleinman, Chief of Pediatric Gastroenterology, was interviewed by *Gannett News Service* regarding his appointment as the head of the Institute on Pediatric Nutrition.

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MGH HOTLINE UPDATE

February 25, 1994

Town Meetings

More Questions Asked and Answered

Here are a few more questions and answers from Dr. Buchanan's Town Meetings held earlier this month.

What is happening with the second tower building project?
"Construction on the second tower — which will be named the Blake Building — is continuing. About half of the building's floors will be completed this summer. We also have started a comprehensive study of the best uses of all our buildings for the coming years. I expect to see the Ellison and Blake Buildings become the nucleus of inpatient activities. Other buildings will be renovated, as needed, and maybe more office and outpatient activities will be moved there."

What can be done to keep people from smoking at hospital entrances?
"We've done everything we know how to encourage people not to smoke at the entrances to the institution. Frankly, I don't like the way it looks, let alone the health hazards that arise. I don't think it's very professional for what is regarded as a distinguished institution. On the other hand, I have to say we get about 95 percent compliance with our no-smoking policy, and I think that's very good. I don't expect it to be perfect, and I think that some of us are going to have to be a little tolerant of people who, for whatever reason, simply can't break the habit. (There are also patient) families who come here, who are anxious and tense and are also smokers. I think it's right we ask for cooperation, but it's not a police state. We will do the best we can, but I'm asking you all to be a little mindful of the problems that some others have."

Why is the Charles Street MBTA station not accessible to people who use wheelchairs?
"This is an MBTA problem, and we are part of their 20-year plan to make it accessible by elevator. But the way they are funding it, it will take more than 20 years before we get the solution. We have put as much pressure on as we know how. Perhaps a letter-writing campaign might do more good than we've been able to do so far."

Why has the Charlestown Shuttle Bus service been reduced?
"It's a matter of dollars. Last year the shuttles carried 900,000 passengers. But we had to cut 9.2 percent out of that budget just as we did with all others. During some times of the day, service is down to three trips per hour, but we are maintaining the same service — every 15 minutes — during rush hours."

Are you retiring this year Dr. Buchanan?
"The answer is yes, on June 30. And I expect to be back for another Town Meeting before then."

Many employees submitted questions regarding the earned time program, particularly about the reduction in earned time accruals that went into effect last fall. Specific questions and answers have been posted on the "Since You Asked" bulletin boards throughout the hospital. However, since concern about earned time is so widespread, some general issues about the program will be discussed in a future issue of Hotline Update.

Dr. Kaban named Chief of Oral and Maxillofacial Surgery

Leonard B. Kaban, DMD, MD, has been named Chief of Oral and Maxillofacial Surgery at the MGH. Dr. Kaban is succeeding R. Bruce Donoff, DMD, MD, who is now Dean of the Harvard School of Dental Medicine and continues as a member of the MGH staff.

Dr. Kaban is a graduate of Queens College, Harvard School of Dental Medicine, and Harvard Medical School. He was an intern and resident at the MGH in the early 1970s, and was subsequently Director of the combined Oral and Maxillofacial Surgery program at Brigham and Women's and Children's Hospitals. Since 1985, he had been Chairman of the Oral and Maxillofacial Surgery Department at the University of California at San Francisco.

He also has been appointed the Walter C. Guralnick Professor at Harvard (a position established to honor the former MGH oral surgery chief) and will be Chairman of a newly-formed Combined Harvard Oral and Maxillofacial Surgery Program, which will encompass the MGH, BWH, and Children's programs.

More information on Dr. Kaban's appointment will appear in an upcoming issue of *Hotline*.

Research and Medicine

End-of-Life Decisions

Today, only one in four people has some type of formal advance care planning in place for end-of-life decisions. Linda Emanuel, MD, a primary care physician at the MGH and Director of the Division of Medical Ethics at Harvard Medical School, is working to change that.

Dr. Emanuel and her husband — Ezekiel Emanuel, MD, of Beth Israel Hospital — first devised the medical directive to empower patients in making medical decisions. A medical directive presents a series of theoretical situations and, for each scenario, asks a person to designate interventions in any of 11 treatment categories.

In a paper published last fall and two others published recently, Dr. Emanuel and her colleagues show just how useful and flexible medical directives can be and suggest ways for physicians and other health care providers to better educate patients about their use.

Dr. Emanuel's research shows that, with better understanding of the options available, the proportion of patients who fill out a medical directive could go as high as 50 percent of the population — about the same number who now make estate wills.

"A medical directive is not about knowing the wishes of a wishless person; it is about knowing that patient's surviving interest," said Dr. Emanuel. Just as a will expresses how one wants property to be allocated, a medical directive communicates choices about medical care when one is no longer able to do so.

Experimental advance for kidney failure

MGH researchers have found an agent that prevents a certain type of kidney failure in animals. The agent, known as anti-ICAM-1, has been used experimentally in patients to combat rejection of transplanted kidneys.

The finding is significant because it raises the hope of developing a new treatment for ischemic (relating to a loss of blood supply) kidney failure. This problem accounts for about half of the cases of kidney failure seen in hospitals by nephrologists (specialists in kidney disease). Approximately 40 to 60 percent of patients who develop acute kidney failure will die, and the survival rate for this type of kidney failure has not changed in 40 years.

"This is a major experimental advance, raising hope that it will be useful in preventing kidney failure in patients who suffer some sort of trauma or have a precipitous drop in blood pressure," said Joseph V. Bonventre, MD, PhD, a nephrologist in the MGH Department of Medicine and senior author of a paper describing the team's results in the January 18th issue of the *Proceedings of the National Academy of Sciences*.

The paper's other authors include Katrina J. Kelly, MD, a nephrologist in the MGH Renal Unit who conducted most of the experiments with the aid of Winifred W. Williams, Jr., MD, an MGH nephrologist who was instrumental in the initiation of the use of anti-ICAM-1 to prevent kidney failure. Robert B. Colvin, MD, Chief of Pathology at the MGH, examined the kidneys and found less damage in the kidneys treated with the anti-ICAM-1 antibody.

What's Happening

Employees Have Parents Too!

The first in the series of workshops on issues of concern to employees with aging parents will address "Understanding Medicare and Medigap." It will be held on Friday, March 4, from 11:45 am - 1 pm in the Wellman Conference Room. Future sessions will address "Understanding Medicaid," "Home Health Care/Alternatives for Home and Community Care for Elders," and "Nursing Home Care/ When One is Needed and How to Locate It."

Stress Reduction

The Employee Assistance Program will offer "Stress Reduction 101," a seminar to help employees understand what stress is and how it can be used as a positive tool. The program takes place on Thursday, March 3, from 12 noon - 1 pm in the Employee Health Classroom, Burnham 401. Three follow-up sessions on "Achieving Balance" will be held on subsequent Thursdays. For advance registration, which is recommended, call Employee Assistance at 6-6976.

Health Care Reform Symposium

The Deaconess Hospital is sponsoring a symposium, "Clinton/Cooper and the Health Reform Debate," featuring Alain C. Enthoven, PhD. Dr. Enthoven is co-founder of the Jackson Hole Group and originator of the concept of managed competition for health care. The symposium, which is open to the public, will be held on Thursday, March 10, from 2 - 3 pm in Audrey Kennedy Hall, One Autumn Street, Boston (near the Longwood MBTA stop). For more information, contact Leslie Kramer at the Deaconess, 623-8046.

MGH in the News

February 24 — WBZ-TV, Channel 4 interviewed Kate Traynor, RN; Richard Pasternak, MD; and a patient in the Cardiovascular Health Center for a three-part series on men's health to air next week.

February 23 — Maurizio Fava, MD, of Psychiatry was interviewed by WCVB-TV's Chronicle program regarding antidepressants. The program is scheduled to air Friday, February 25 at 7:30 pm.

February 23 — Bonnie Michelman, Director of Police and Security, was interviewed by CBS Evening News regarding violence in the workplace and what large institutions and businesses are doing to educate workers on how to protect themselves. CBS also videotaped a session of "Management of Aggressive Behavior," a self-awareness course offered by Police and Security.

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MGH HOTLINE UPDATE

March 4, 1994

MGH/BWH Affiliation

Corporation Members Take a Major Step Toward Affiliation

A major step in finalizing the affiliation of Brigham and Women's Hospital and Massachusetts General Hospital took place Wednesday. At separate meetings, corporators of both hospitals voted to approve affiliation plans establishing a new, integrated health care system.

This decision, key to the internal process needed for affiliation, paves the way for the creation of the MGH/Brigham Health Care System, Inc., the temporary name for the new system. A permanent name will be announced within the month.

Also, within the month, all remaining legal and regulatory requirements are expected to be satisfied, and the new board will gather for its first official meeting as the system board.

The focus of the new health care system is to continue providing outstanding health care services, including community programs, while reducing costs. The new system, while responsive to the changing dynamics of the American health care marketplace, also seeks to preserve the excellence of teaching and research programs at BWH and MGH, efforts that have long been of vital significance to the improvement of the practice of medicine across the country and around the world.

In describing reasons for the affiliation, J. Robert Buchanan, MD, General Director of the MGH, said, "The managed care revolution now demands that we provide the very best health care to all citizens of the Commonwealth at the lowest possible cost. This will not be accomplished without change or without sacrifice."

According to H. Richard Nesson, MD, president and CEO of BWH, "The purpose of the affiliation is to maintain our common mission of excellence in patient care, research, and education. Given the changes that are taking place in the health care system, the most rational approach is for these incredibly committed institutions to join forces in sustaining that mission."

Wednesday's action follows unanimous votes last month by the institutions' boards of trustees to recommend approval to their corporators. On February 18, the state Department of Public Health approved the hospitals' Determination of Need (DON) certificate. Plans to affiliate were first announced publicly at a December 8 press conference.

While retaining separate geographical locations and corporate identities, the two hospitals will join together in what trustees characterize as a partnership of equals. Health care experts and the media already have indicated that this new health care system is being seen as a national model.

Dr. Buchanan will retire as MGH general director in June. Samuel O. Thier, MD, will assume the newly defined position of President of The Massachusetts General Hospital, the parent company that oversees seven affiliated institutions including the General Hospital (MGH).

"A lot of institutions are reacting to the changing environment by hunkering down and trying to change as little as possible," said Thier. "But that's not the right solution. The right solution is to move out in front of the changes and take an active role in redefining health care for this country."

"The managed care revolution now demands that we provide the very best health care to all citizens of the Commonwealth at the lowest possible cost. This will not be accomplished without change or without sacrifice."

Earned Time: Why it was reduced and how that saved 100 jobs

THOUGH QUESTIONS about the affiliation with Brigham and Women's Hospital dominated the February Town Meetings, questions about earned time ran a close second.

In a July 22, 1993, letter enclosed in paychecks to all MGH employees, General Director J. Robert Buchanan, MD, announced that "effective October 1, 1993, there will be a change in the earned time policy which will reduce yearly earned time accrual by one week (one times standard hours)."

The effect of increased managed care has forced most hospitals, including the MGH, to reduce operating expenses. Although a great disappointment to MGH employees, the reduction in earned time accrual is a way to reduce expenses. Other major hospitals in Boston have been forced to take similar measures.

"Last summer we announced several methods for reducing operating expenses, including layoffs, the elimination of certain positions, and a reduction in earned time accrual," said Dr. Buchanan. "By reducing the rate at which earned time is accrued, we were able to permanently reduce our operating expenses and save 100 jobs that otherwise would have been eliminated. We made the decision that it was worth it to reduce *every* employees' earned time a little instead of laying off 100 people. I know it's hard, but we really wanted to minimize the number of employees we laid off in a market in which we know it is difficult to find another job."

Points to consider about earned time:

1) Because earned time carries a cash value, the MGH must set aside a certain amount of money to fund the program. Many employees choose to cash out up to one week each year; some leave the hospital and are entitled to the cash value of their accrued earned time; still others change status, increase hours, or are promoted, which affects the amount of money set aside.

2) The reduction affected *all* MGH employees, including managers, and department heads. Those with professional staff appointments at the MGH are not part of the earned time program. Their paid time off is determined by their chief of service, and in many cases, due to operational needs, they receive less time than the rest of us.

For the past few weeks, answers to specific questions have been posted on the "Since You Asked" boards. Following are some questions and answers about earned time.

Q: ***Couldn't this have been done in some other way, for instance, starting with new employees? I cannot believe that this was the best way to save money.***

A: If the accrual rates for new employees only had been lowered, enough money would not have been saved, and certainly not within the time frame that was necessary. For some time now, the MGH has not been hiring at anywhere near the same high levels of the past. This year the attempt was made to rehire employees whose positions had been eliminated. It would not be fair for someone who was laid off and returned within one year's time also to have to suffer a reduction in earned time while those who remained did not.

Q: ***Did the administration consider giving employees the option of losing a week's pay?***

A: Losing one week's pay is a one-time budget cut. What was needed was a permanent reduction in operating expenses.

Q: ***Is the earned time decrease expected to be permanent or temporary?***

A: It appears to be a permanent budget reduction. The enormous regulatory and market pressures that are constantly bearing down on the hospital will only increase in the foreseeable future.

Q: ***If a physician recommends that you stay home from work when you are sick or if you are hospitalized, why should you have to use earned time before accessing extended sick time?***

A: Before the earned time concept was implemented, many employees complained about fellow employees who abused sick time and thus received an unfair paid time off advantage.

Earned time was structured to address this issue. Taking five of the twelve sick days and putting them into earned time with cash value created an incentive for employees to be more conservative in using sick time. It allows employees the opportunity to use those five days in any manner they choose, including cash.

The committee that developed the earned time plan was unanimous in its opinion that requiring the use of five days of earned time before accessing extended sick leave would be a good "wellness incentive" and would satisfy the interest of the greatest number of employees. That logic still applies.

The MGH community mourns the loss of Mae Dozier, a longtime member of the Department of Dietetics, who died on February 27 at the age of 78. Ms. Dozier came to the MGH in 1957 and at the time of her retirement in 1983 was Associate Director of Dietetics. A memorial service will be held for Ms. Dozier on Wednesday, March 16 at 2 pm at Trinity Church, Boston. All are invited to attend.

Watch future issues of Hotline and Hotline Update for information on th MGH's plans to deal with low-level radioactive waste.

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MGH HOTLINE UPDATE

March 11, 1994

The following article appeared in the *Wall Street Journal* on Tuesday, March 8. It presents one of the most balanced and informative accounts about how the hospital is responding to managed care that we've seen in the media.

It is important to note that the potential "loss of 26% of its pediatric patients" noted in the article did not materialize. This probably reflects, in part, the fact that the hospital has signed contracts with a number of managed care plans, including one which required all that plan's pediatric patients to be admitted to MGH pediatric services. Indeed, there have been many times in January and February when pediatric floors were completely full.

Please note: Dr. Fuller is the head of gynecology/oncology.

Required Surgery

Health Plans Force Even Elite Hospitals To Cut Costs Sharply

At Mass General, Doctors Shorten Patients' Stays, Study Radiology Usage

'Managed Care' Irks Some

By George Anders
Staff Reporter of The Wall Street Journal

BOSTON – Paul Shellito's surgical practice at Massachusetts General Hospital often stretches from 7 a.m. to 8 p.m., and he handles a full load of emergency cases on weekends. In his spare time, he teaches at Harvard Medical School and publishes research on colon surgery.

Yet a powerful insurer has been urging Dr. Shellito to pick up the pace.

To hold down costs, Tufts Associated Health Plans, which hospitalizes more than 800 patients a year at MGH, wants doctors throughout the elite teaching hospital to discharge patients faster. Some physicians squawked at first. But after more than a year of detailed case reviews, even hard-liners such as Dr. Shellito have largely conceded the fight.

"It's changed the way I practice," he says. "Tufts is very good at finding ways to get patients out of the hospital sooner with only a little inconvenience. They've put the monkey on my back. Now, I'm haggling with patients about going home the evening of the day I see them."

Changing Routines

The lives of doctors at many prestigious teaching hospitals are changing under powerful pressure from health-maintenance organizations and other insurers that run "managed-care" cost-control programs. These payers are sending big blocks of patients to hospitals that offer cost-effective care; they are shunning those that they believe charge too much.

For decades, teaching hospitals were nearly immune from belt-tightening drives, thanks to their reputations for top-notch care in complicated cases. "But those days are over," says William Kelley, chief executive officer of the University of Pennsylvania Medical System. "Anybody who thinks you can attract patients on quality alone, without paying attention to cost, will go out of business."

In Philadelphia, Dr. Kelley's hospital is paring $5 million from annual expenses so it can land some big HMO contracts. An austerity campaign in Minneapolis has helped the University of Minnesota Health System win three managed-care contracts since 1991 – while slashing its payroll 18%. And at Stanford University Hospital in California, the transplant unit is cutting costs sharply to get business; it offered one HMO a $40,000 discount on the standard $160,000 rate for lung transplants.

'Re-Engineering' Care

Teaching-hospital executives are betting that they can achieve these savings without hurting patient care. They see many ways to "re-engineer" care by eliminating waste, getting work done faster and having patients wind up their recoveries in cheaper, nonhospital settings.

But unlike big corporations, where top management can issue orders to its employees, hospital executives must delicately sell these strategies to hundreds of largely independent doctors. The physicians have final authority in deciding how to treat a patient. And at many teaching hospitals, top doctors earn more and are far more renowned than even the institution's chief executive.

Continued →

Required Surgery: Health Plans Force Sharp Cuts In Costs Even at Top-Ranked Teaching Hospitals

The struggle to cope with managed care is especially fierce at Massachusetts General, which consistently ranks among the nation's five best hospitals in surveys by U.S. News & World Report. It is the lead teaching site for Harvard Medical School, and its doctors have achieved breakthroughs in areas ranging from gene mapping to artificial skin for burn victims.

Relatively Steep Fees

MGH also is one of the biggest and most expensive hospitals in the U.S. The 1,018-bed hospital admits nearly 40,000 patients a year and handles 550,000 outpatient visits. It is moderately profitable on patient revenue of about $500 million a year, thanks largely to fee schedules that can be 30% higher than those at nearby community hospitals.

But during the past three years, a series of shocks showed the elite hospital's vulnerability to a freeze-out by health plans wanting to save money. In 1991, Blue Cross & Blue Shield of Massachusetts set up an HMO without using MGH at all. Then, last fall, Harvard Community Health Plan yanked away its pediatric referrals in favor of a rival bid from nearby Children's Hospital. With that one stroke, MGH faced the loss of 26% of its pediatric patients. Its doctors were alarmed.

"You guys could go the way of IBM," Jay Gellert, a California health-care consultant, warned MGH executives in a closed-door meeting last year. "IBM saw fundamental change coming but couldn't react to it. So it ended up frittering away one of the strongest franchises in American history."

Those events jolted MGH's administrators and doctors into action. The hospital recently negotiated discounts with four managed-care plans — including Blue Cross's HMO. These health plans now account for about 13% of the hospital's admissions, up from less than 5% in 1991, and could hit 25% or more in a few years. "We decided that managed care couldn't be ignored and that our best bet was to work with it," says Richard von Rueden, the deputy director general.

Like many MGH executives, Dr. von Rueden contends that if the hospital gets things right, it could become a national model of how to marry high quality and cost controls. MGH is allying itself with family doctors in the Boston suburbs, and its plans to merge with a major local competitor, Brigham & Women's Hospital, in a deal that could create the biggest U.S. hospital. The aim is to assemble a vertically integrated, low-cost medical conglomerate that HMOs will love.

The doctors who give MGH its aura, though, are deeply split over that approach. Many say it is necessary and inevitable. A few even like it. But others wonder whether fine points of patient comfort will be sacrificed to save money. And many older doctors grumble about a loss of autonomy as they increasingly feel nudged to order fewer tests, discharge patients faster and keep an eye on the bills.

Departmental Tensions

Such tensions are playing out in the orthopedic-surgery department. A team of younger doctors, led by 42-year-old John Siliski, is picking over two common operations—hip and knee replacements—to look for ways to standardize care and rehabilitate patients more quickly.

"This is the way we want to practice," Dr. Siliski tells a group of nurses at a brainstorming session, as he points to a vast diagram showing how the typical knee-replacement patient should be treated, day by day. The flow chart looks like something in an auto plant, and no wonder. Knee replacements are becoming increasingly routine; last year, MGH performed 416 of them.

Though barely six months old, this flow-chart approach is already paying off, Dr. Siliski says. Patients' average hospital stays have fallen 22%, to 6.8 days, mostly as the hospital ensures that steps such as physical therapy are done promptly, without the minor delays that often occur in big institutions. And the average bill has shrunk 17% to $16,566. "We're trying to do to ourselves what Tufts would otherwise end up doing to us," he explains.

Yet some of Dr. Siliski's colleagues remain uneasy. One, Fred Mansfield, says he has less freedom to let an emotionally stressed patient stay an extra day in the hospital. "It's harder and harder to make the personal connection with patients when you don't have the power to make a little room in the system," Dr. Mansfield says. "You can't be the benevolent father-figure anymore. You're just a provider."

In other departments, the HMOs' thrifty values are colliding with time-honored habits of a teaching hospital. MGH doctors order 20% more X-rays and other radiology tests than do those at community hospitals — partly because the teaching hospital sees unusually sick patients and partly because much of the care is provided by young doctors in training who would rather have too much information on a patient than too little.

Too Many Tests?

Even allowing for those special reasons, health plans suspect that some MGH doctors order excessive tests. Several dozen doctors have agreed to examine their recent radiology usage—on the condition that they discuss their findings internally, rather than with the health plans. That's as it should be, says James Richter, an internist at the hospital, adding: "In the end, I trust our judgment much more than I trust a health plan's."

Health-plan executives say they don't want to be preachy, especially when dealing with a hospital as renowned as MGH. "We could say 'We aren't going to pay for this' and end up with a lot of big battles," says Joseph Gerstein, Tufts's medical director. "But what we want is for physicians themselves to say: 'This is the right thing to do.' "

Sometimes, a friendly approach pays off. In the past year, Tufts began paying MGH doctors $70 a patient to make an extra bedside visit late in the day instead of waiting until the next morning. As a result, the doctors are discharging far more hospitalized patients in the evening, avoiding the costs of another overnight stay and saving the health plan a lot of $2,000 per-diem charges.

"If there's one thing that managed care has taught us, it's that you don't write in a patient's chart: 'Doing fine. Home tomorrow,' " Dr. Richter says. MGH's new ethos is to discharge such patients that night.

Similarly, in the gynecology department, the average stay for surgery has been shortened 16% in the past two years, mainly by switching away from big doses of narcotics that were easy to administer but so impaired patients' digestion that they couldn't be discharged for days. With different painkillers, patients are leaving the hospital faster.

Such steps save money and improve quality, says Arlan Fuller, the head of gynecology. They also keep his department alive. "We're the high-cost provider in town," Dr. Fuller says. "If we aren't judicious in the way we use resources, we won't get patients."

Pessimistic Pioneers

A gloomier view comes from doctors pioneering new treatments. Thomas Spitzer, for example, joined MGH last summer to set up a unit to treat breast-cancer patients with high-dose chemotherapy and bone-marrow transplants. Such therapy is unproven but promising; it can cost $100,000 or more and is available only at a few dozen top-tier hospitals.

Dr. Spitzer says he doesn't mind a little discounting to get business, but he was flabbergasted when some out-of-state health plans offered to send him patients if he would slash total charges to just $50,000 per case. The implication: If he didn't agree, the plans would go elsewhere.

"I didn't see this coming at all," he says. To save money, he adds, he might have to discharge patients after two weeks in the hospital and finish treatment on an outpatient basis. Even so, he says, he questions whether he can treat patients properly for anything approaching $50,000 each. "If this is managed care, I'm not thrilled about it," he says.

But the bottom-line approach appeals to Peter Slavin, a soft-spoken MGH doctor who also holds an M.B.A. from Harvard Business School. Dr. Slavin heads a hospital task force that is looking for extra efficiencies, and his personal computer holds data on 40 projects. Among them: creating flow charts that could cut heart-surgery costs and reviewing use of a major antinausea drug in chemotherapy.

"My greatest frustration is the pace of change," Dr. Slavin says. "It takes a great deal to get this very proud, 180-year-old institution to change so quickly. We've got 40 projects on our list. There should be another 100. Yet we're struggling to keep these 40 going."

Nevertheless, some veteran doctors think the tug-of-war between the traditionalists and the efficiency squads may be good. One is Barry Levine, an MGH internist who was assigned to spend three months helping Tufts review payment disputes at the hospital. Dr. Levine says that while his peek inside the HMO's world made him much more attentive to cost issues, he hopes that his medical perspective left a mark on Tufts employees, too.

"I truly believe that managed health care is the answer," he says. "It's working. But we have to be very careful not to get overzealous. Patients have human needs. You can't always apply predetermined formulas to them."

Going to an Elite Hospital Would Cost Patients More Under Clinton Proposal

Patients who want to go to elite out-of-state doctors and hospitals could still get insurance coverage under President Clinton's health plan—but not cheaply.

For decades, many Americans have traveled to renowned centers such as the Mayo Clinic in Rochester, Minn., and the Memorial Sloan-Kettering Cancer Center in New York without exceeding the limits of their insurance coverage. Those options aren't being closed off entirely, but they are getting tough scrutiny from both insurers and health-system reformers.

Administration officials say most of the curbs are coming from the insurance industry, as insurers try to channel patients into low-cost networks of doctors and hospitals. One architect of the Clinton plan, White House aide Walter Zelman, contends that if it is enacted, "people will actually have more opportunity to go out of network than they do today."

Several Options

Although it's far from certain that the Clinton plan will be passed in its current form, the 1,300-page proposal provides the most detailed gauge yet of what may lie ahead as Washington takes up the issue.

Under the proposal, people would pick a health plan from a menu of choices offered by a regional alliance. At least one of the options would be a fee-for-service plan allowing patients to be treated by any doctor or hospital they wanted. Another option would let patients go outside their regular care network as long as they paid more of the bill themselves.

Those provisions sound reasonable but may not work as well as the White House hopes, says Robert Smoldt, head of planning at the Mayo Clinic. People wanting to use nonnetwork hospitals could face sizable extra premiums and copayments, he contends, perhaps to the point that they would exceed budget targets set by the health alliances. "We don't think it should be up to the alliances to decide what can be offered to people," Mr. Smoldt adds.

A California precedent suggests that an out-of-network option wouldn't be cheap. The state's Public Employees' Retirement System offers a variety of health plans, much like the menu of choices the White House is proposing. The main plan that lets members go outside their network charges $637 a month for family coverage, about 30% more than the more restrictive plans do. The flexible plan also requires members to pay 40% of the cost of out-of-network hospitalization, compared with zero or 10% copayments for in-network care.

Most of the best-known medical centers currently count on long-distance referrals for a lot of their patients. The University of Texas M.D. Anderson Cancer Center says it gets 25% of its patients from outside its local Houston county and 5% from out of state. The Cleveland Clinic says it gets 20% to 30% from outside Ohio.

Remaining Accessible

The Clinton initiatives "would be a serious problem for patients who rely on us for services that aren't readily available elsewhere," says David Hohn, M.D. Anderson's vice president for patient care. He notes that his cancer center was one of the first places in the U.S. to offer patients a new drug, taxol, for ovarian cancer; now, the drug is widely regarded as promising.

At the Cleveland Clinic, however, officials think that price cutting will keep their center accessible to out-of-state patients, regardless of how the health-reform debate is resolved. Lately, the Cleveland Clinic has been offering a package of 70 specialized services, ranging from lung transplants to heart surgeries, to budget-minded health plans around the U.S.

To get business, the Cleveland center has cut prices enough to win customers such as Delta Air Lines and Kaiser Permanente, the large health-maintenance organization. They send some out-of-state patients to Cleveland, finding it cheaper than trying to provide high-tech care locally. "It would be more difficult, but we could come up with a mechanism to keep doing this under the Clinton plan," says John Clough, chairman of the clinic's health-affairs department.

—George Anders

MGH to construct new radioactive waste storage room

BEGINNING THIS FALL, the MGH will store low-level radioactive waste in a special facility on campus instead of transporting the waste to disposal sites. There are two primary reasons for this change: costs for radioactive waste removal rose 50 percent in just one year (1992), and as a result of federal regulations, the last currently available disposal sites are scheduled to close this May.

"Because we know how much material will be stored, and how much radioactivity could be there, we know how much protection is necessary to make this structure safe," said Maryanne Spicer, Assistant General Director, Safety and Regulation.

According to Ms. Spicer, low-level radioactive materials at the MGH come from a variety of sources — including isotopes used to treat thyroid cancer, imaging material used in nuclear cardiology studies, and markers necessary for research.

Construction of a room specifically designed to store radioactive waste will begin this spring and should be completed by early fall. The new room will be located under the Bulfinch lawn, allowing direct connection with the Bartlett trash tunnel and easy access to the loading dock area. Once the new room is complete, the existing storage room, also off the Bartlett trash tunnel, will no longer be used.

"In the MGH's case, three-quarter-inch-thick concrete would provide adequate protection from the radioactivity," said Rex Woodleigh, MMSc, Radiation Safety Officer. "But because of the structural demands of this project — the room must support the weight of the lawn above it — the concrete actually will be 13 inches thick." Mr. Woodleigh estimates that construction will involve digging up about half of the hill in front of the Treadwell Library for about two weeks.

Stored waste will fall into two categories. Ninety to ninety-five percent will be low-level short-lived radioactive waste that will be packaged in triple plastic and then placed in plastic-lined cardboard boxes. This waste will remain in the room until its radioactivity level naturally decreases over several months to background radiation levels, which are considered normal and safe. Then it will be disposed of as regular biomedical waste. The remaining five to ten percent of waste will be stored in steel drums for two to five years and then transported to an appropriate disposal site. Some of the waste, such as contaminated lead, will be recycled.

"In accordance with Nuclear Regulatory Commission regulations, we will continuously monitor the air inside and outside the room to assure that no radiation is leaking," said Mr. Woodleigh. "We are taking special safety precautions: there will be no floor drains, so if a box or drum leaks, the material will be contained in the room; the entire room will be sealed in something akin to a heavy pool liner, so it will be waterproof to assure groundwater safety; the room will be built on stilts to prevent it from settling, since this area of campus is built on fill; and there will be a dedicated smoke alarm and sprinkler system and special fire doors and locks."

The Radiation Safety Office also submits an annual report on activities to both the Radiation Safety Committee and the Hazardous Materials Oversight Committee.

"After extensive research and planning we have decided to build this room because we think it is environmentally sound, cost effective, and is the safest solution," said Ms. Spicer.

MGH *in the* News

March 1
Ronald Kleinman, MD, Chief of Pediatric Gastroenterology, was interviewed by ***Woman's World*** Magazine on pediatric gastrointestinal problems.

March 4
James Thrall, MD, Chief of Radiology, was interviewed by ***Bedford Productions*** of England, regarding the hospital's telemedicine unit. Telemedicine, a subspecialty of Radiology, permits x-ray films to be transmitted through telephone lines from an off-site area to the main hospital for quicker diagnosis.

March 8
Daniel Kopans, MD, Director of the MGH Breast Imaging Center, was interviewed by CBS Evening News on the importance of early mammography in breast cancer detection.

Dr. Zapol to succeed Dr. Kitz as Anesthesia Chief

Warren M. Zapol, MD, will become MGH Anesthetist-in-Chief on April 1, succeeding Richard J. Kitz, MD, who has been chief for almost 25 years. Dr. Zapol also will become the Henry Isaiah Dorr Professor at Harvard Medical School.

Dr. Zapol has been on the MGH staff since 1972, and his investigations into the mechanisms of breathing have taken him to some of the farthest corners of the world. He and his colleagues have studied the diving reflex in the Weddell seals of Antarctica and in Korean and Japanese women who harvest shellfish from the sea bottom. In his studies of life-threatening respiratory failure, Dr. Zapol has helped illuminate the role of a common gas, nitric oxide, in normal lung function and as a treatment for infants and adults.

Dr. Zapol is a graduate of MIT and the University of Rochester School of Medicine. After a surgical internship at Boston City Hospital, he completed a research fellowship at the National Heart and Lung Institute and an anesthesia residency at the MGH. He has been Reginald Jenney Professor of Anesthesia at HMS. More information on his appointment will appear in an upcoming issue of *Hotline*.

Also watch future issues of Update for details about a reception honoring Dr. Kitz, to be held later this Spring.

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MGH HOTLINE UPDATE

March 21, 1994

It's Official: BWH and MGH are "Partners"

Nesson named CEO; Thier is president

The establishment of the new, integrated health care system joining BWH and MGH is now official, complete with a new name and new leadership.

H. Richard Nesson, MD, and Samuel O. Thier, MD, have been named, respectively, chief executive officer and president of the new Partners Healthcare System, Inc. Together they will oversee a newly created executive office that will integrate BWH and MGH, define and develop an expanded health care network, and make the system cost-effective.

This new system has been developed to further advance the long-standing and successful common missions of BWH and MGH to provide excellence in patient care, community service, research and medical education.

The two Harvard Medical School-affiliated teaching hospitals first announced their intention to unite at a December 8 press conference. Over the past three months, internal, legal and regulatory requirements have been satisfied. On March 2, corporation members of both institutions voted to approve the affiliation. The Massachusetts Department of Public Health granted a Determination of Need February 18, and the completion of a review by Attorney General Scott Harshbarger was announced to hospital officials March 9.

In Drs. Nesson and Thier, the new system has two outstanding, nationally recognized medical leaders with extraordinary records of accomplishments in academic medicine. Throughout his 12 years as president of Brigham and Women's, Dr. Nesson has overseen the hospital's growth and progress, guiding the institution beyond the financial and organizational difficulties associated with the merger of Peter Bent Brigham Hospital, Robert Breck Brigham Hospital, and the Boston Hospital for Women, to its current place among the nation's best academic medical centers.

In May, Dr. Thier will leave the presidency of Brandeis University to become president and CEO of The Massachusetts General Hospital, and its affiliated institutions, a position he will hold simultaneously with that of president of the system. Upon Dr. Nesson's retirement, Dr. Thier will become the system's president and CEO.

As president of Brandeis, Dr. Thier was praised for the boldness of his vision, for the implementation of a new curriculum that is considered a national model, and for putting the University on a fast track to financial equilibrium. For six years prior to his tenure at Brandeis, Dr. Thier was president of the prestigious Institute of Medicine of the National Academy of Sciences.

The announcement was made today by the co-chairmen of the parent corporation's new board, Ferdinand Colloredo-Mansfeld and John H. McArthur. Additional board members include Nesson; W. Gerald Austen, MD; E. Lorraine Baugh; Eugene Braunwald, MD; J. Robert Buchanan, MD; Francis H. Burr; John A. Kaneb; G. Marshall Moriarty; Richard A. Spindler; and Micho F. Spring.

When Dr. Buchanan retires in June, Dr. Thier will succeed him on the board.

While retaining separate geographical locations and corporate identities, the two medical centers join together in what the hospitals' trustees have characterized as a partnership of equals. Plans are to form a comprehensive network of care that will include the two teaching hospitals, a number of community hospitals and physician group practices.

According to Dr. Nesson, "The purpose of the affiliation is to maintain our common mission of excellence in patient care, community service, research and education. Given the changes that are taking place in health care, the most rational approach is for these incredibly committed institutions to join forces in sustaining that mission."

"Now that the affiliation has become final," said Dr. Thier, "we are free to establish working relationships, to build a broad network of care, and to find ways of coordinating and, in some cases, consolidat-

(Continued on Page 2)

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— It's Official

(Continued from Page 1)

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In describing reasons for the affiliation, Dr. Buchanan, general director of the MGH, said, "The managed care revolution now demands that we provide the very best health care to all citizens of the Commonwealth at the lowest possible cost. This will not be accomplished without change or without sacrifice."

The board has established three committees: Finance and Audit, Nominating and Compensation. Kaneb will chair the Finance and Audit Committee, which will include Owen W. Robbins and G. Neal Ryland. Colloredo-Mansfeld and McArthur will co-chair the Nominating Committee, which will include Baugh, Burr, Kaneb, Moriarty, Spindler, and Spring. Neil W. Wallace and W. Nicholas Thorndike will be members of the Compensation Committee, which will be chaired by McArthur. The board also has established a special Membership Task Force, to be chaired by Burr. This committee will work with corporation members to create meaningful involvement and to lend assistance and support to their efforts.

All other elements of the governance structure of The Brigham Medical Center, Inc. and The Massachusetts General Hospital and their several affiliated corporations remain the same as before the system was created.

Together, the affiliation represents nearly 1,800 hospital beds, more than 80,000 inpatient admissions and 1.2 million outpatient visits. Combined, the institutions employ more than 18,000 people and have operating budgets in excess of $1.6 billion.

"This is an affiliation of two strong academic health centers," said Dr. Nesson. "We hope to serve as a model for successfully responding to the challenges of providing the very best health care at the lowest possible cost, while maintaining the excellence of our educational research missions."

The charts at right outline the initial management structure and objectives of the Partners Healthcare Systems, Inc.

Partners Healthcare System, Inc.

Management Structure

Initial Phase: Processes and Central Functions

What the System Executive Office will do: 1994 - 1996

Central Objectives

Define and build the System
- Add network members
- Governance/Management
- Financing

Integrate BWH and MGH under the system
- Unified mission

Develop the System Strategy

Make the System effective
- Cost/capacity
- Design for quality/ medical leadership
- Market to customers

Critical Early Steps

Form the management team and structure its work

Clarify Board(s) roles

Practice open, effective communications

Devise Information Systems strategy and deployment
- Operations
- Network

Determine Human Resources strategy

Determine Facilities re-deployment

Promote Development growth

Other Key Roles

Leadership to the internal and external communities

Fast reaction to market

Maintain and develop cordial to strong relations with key constituencies and competitors

Affiliation Angst: How to Recognize and Treat the Symptoms

Feeling unsettled? Depressed? Discombobulated? You may be suffering from affiliation angst. What follows are a few tips on how to recognize the warning signs and take steps to deal with it productively.

"Any change creates some anxiety because it shakes things up. There is a sense of uncertainty and loss, along with excitement and hopefulness — all normal reactions," said Andrea Stidsen, LICSW, Director of the MGH Employee Assistance Program. "Each of us will react differently now that the affiliation is final."

Many MGHers are anticipating a new reality. Naturally, people want to hear specifics — what this affiliation will actually mean to them and their departments.

But those details will take months — in some cases, years — to work out. In fact, leaders at the MGH and BWH could not even discuss specifics ahead of time. If they had, they would have been violating legal principles of fair trade.

Soon the new system board will look closely at opportunities for cooperation and savings. As they become available, specifics will be made public.

In the meantime, all of us will have to cope with a mixture of emotions: excitement, hope, optimism, confusion.

"People like constancy and certainty, especially at work," said Ms. Stidsen. "Now there is a lot of fear and questioning."

And stress.

"Stress can move people in a positive direction," said Ms. Stidsen. "But when it gets out of control, it affects our ability to understand, to remember, to concentrate, and to solve problems. That can be destructive, but there are things we can do to get a handle on our stress and manage it productively."

Positive Signs		Negative Signs
Confusion		
healthy questioning desire to be active and identify priorities	unfocused busy work rushing around difficulty concentrating	excessive questioning loss of focus and structure
Loss of identity and holding on to the past		
past acts as a bridge to future use previous experience as a building block	stuck in past exaggerate the negative	sabotage the future
Withdrawal — "quit and stay"		
pull back to look at options take time to adjust	disconnected overly compliant	low energy
Anger — "they don't care"		
expression of concern get issues out on the table	feel robbed blame people	open hostility and resentment

Making the transition

Making the transition from the past to the future is difficult, but it will be necessary to make the affiliation successful. It is essential to acknowledge what is changing and recognize the different types of reactions we may have as individuals.

As pointed out in the chart that accompanies this story, reactions can range from those that are constructive to those that are destructive. (These have been summarized from the Employee Assistance Program's "Working through Change Seminar.") You might recognize some of your own reactions or the reactions of your colleagues.

What can help get you through the changes?

- recognize your own reactions
- talk about them with others
- acknowledge endings/losses so you can move on to what is new
- take care of yourself during what can be a time of high stress

What doesn't help?

- denying or minimizing the changes or your reactions
- dismissing issues before they are resolved
- trying to solve all the problems at once

Let's face it, leaders at the MGH and BWH did not decide to affiliate to turn your life upside down. They took a decisive, bold action in the face of changing realities. Now it's up to all of us, on an individual basis, to be just as bold and imaginative in dealing with the changes and the emotions they create.

For more information on "affiliation angst" and ways to deal with it, contact the Employee Assistance Program at 6-6976.

We've Moved!

The News Office has moved to a new location — but you can still reach us at the same phone number. From now on, that's:

Development and Public Affairs Office
101 Merrimac Street, 4th Floor

News Office: 726-2206
Development Office: 726-2200

MGH physicians among the very best

More than 100 MGH physicians are included in the 1993-94 edition of The Best Doctors in America, published by Woodward White, Inc. The listing was compiled based on a survey of thousands of physicians across the country, who were asked to name experts in their own fields to whom they might refer family members or friends.

Among the 7,200 physicians named in the book, the following are identified as MGH staff members:

Steven L. Ablon
Cary W. Akins
Alex F. Althausen
R. Rox Anderson
Lloyd Axelrod
Howard P. Baden
Joseph S. Barr, Jr.
Joseph Biederman
Arthur L. Boland
Lawrence F. Borges
Charles A. Boucher
David C. Brewster
Stuart J. Brink
Robert H. Brown, Jr.
Mortimer J. Buckley
George Cassady
Edwin H. Cassem
Noah C. Choi
Cecil H. Coggins
A. Benedict Cosimi
Deborah J. Cotton
Joseph T. Coyle, Jr.
John D. Crawford
Gregory J. Crosby
William F. Crowley, Jr.
Gilbert H. Daniels
G. William Dec, Jr.
Roman W. DeSanctis
Jules L. Dienstag
Patricia K. Donahoe
Lynn A. Drake
Stephen P. Dretler
Thomas B. Fitzpatrick
Frederic D. Frigoletto
Arlan F. Fuller, Jr.
Randall D. Gaz
Mark C. Gebhardt
Richard H. Gelberman
John E. Godine
Pablo Gomery
Max L. Goodman
Hermes C. Grillo
John H. Growdon
Charles A. Hales
Nancy L. Harris
William H. Harris
J. Warren Harthorne
E. Tessa Hedley-Whyte
Niall M. Heney
David B. Herzog
Martin S. Hirsch
Fred H. Hochberg
Cyrus C. Hopkins
Adolph M. Hutter, Jr.
Julie R. Ingelfinger
Keith B. Isaacson
Michael S. Jellinek
Jesse B. Jupiter
Donald S. Kaufman
Homayoun Kazemi
J. Philip Kistler
Ronald E. Kleinman
Anne Klibanski
Walter J. Koroshetz
Stephen M. Krane
Allen Lapey
Robert D. Leffert
Lynne L. Levitsky
Norbert J. Liebsch
Letty M.P. Liu
Henry J. Mankin
Douglas J. Mathisen
James W. May, Jr.
W. Scott McDougal
Kenneth A. McKusick
Theresa C. McLoud
Ashby C. Moncure
John E. Munzenrider
David M. Nathan
Robert M. Neer
Robert G. Ojemann
Leslie W. Ottinger
John B. Penney, Jr.
Edward P. Richardson, Jr.
Jerrold F. Rosenbaum
Douglas S. Ross
Nina T. Rubin
Robert H. Rubin
Jeremy N. Ruskin
Robert H. Schapiro
Isaac Schiff
Robert E. Scully
Paul C. Shellito
Vivian E. Shih
William U. Shipley
Wiley W. Souba, Jr.
Dempsey S. Springfield
Herman D. Suit
Morton N. Swartz
Richard S. Teplick
James H. Thrall
I. David Todres
Bessel A. van der Kolk
Chiu Chen Wang
Andrew L. Warshaw
Arthur E. Weyman
Christopher G. Willett
Harland S. Winter
Lawrence C. Wood
Shirley H. Wray
Michael J. Yaremchuk
Anne B. Young
Bertram Zarins
Nicholas T. Zervas

MGH Hosts Conference on Stroke

Michael Moskowitz, MD, Director of the Stroke Research Laboratory at the MGH, was chairman of the 19th annual Princeton Conference, which was held in Boston over the weekend.

This prestigious international symposium is held every other year to advance knowledge about the mechanisms and treatment of stroke. This year's conference attracted leading researchers from around the world who discussed topics such as the basic mechanisms of cell death, methods to improve the targeting and effectiveness of nitric oxide, emerging stroke therapies, and imaging techniques to aid diagnosis.

Joining Dr. Moskowitz on the organizing committee were MGH neurologists M. Flint Beal, MD, Seth P. Finklestein, MD, J. Philip Kistler, MD, and Walter J. Koroshetz, MD, and radiologist Bruce R. Rosen, MD, PhD. Nicholas T. Zervas, MD, Chief of Neurosurgery, was a member of the Scientific Advisory Board.

Another MGH First

Rakesh K. Jain, PhD, a researcher at the MGH Cancer Center, has been awarded a 7-year, $8.3 million Outstanding Investigator Grant by the National Cancer Institute. This is the first time an MGH researcher has received such a grant.

This prestigious grant is awarded only to those investigators who have outstanding records as researchers and who have added significantly to the body of knowledge in a given field. Dr. Jain will use the OIG to support work on five research projects exploring different aspects of tumor physiology.

Solid tumors account for more than 90 percent of all cancer deaths. Part of the reason they are so difficult to treat is that the tumors erect internal barriers, such as high pressure, that prevent anticancer drugs and other therapies from penetrating and destroying their target.

Dr. Jain is the Director of the Edwin L. Steele Laboratory for Tumor Biology, part of the Department of Radiation Oncology and the MGH Cancer Center. He is also Andrew Werk Cooke Professor of tumor Biology at Harvard Medical School.

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MGH HOTLINE UPDATE

March 25, 1994

Anxious About the Future? Don't Wait for Change — Make It Happen

The rumor mill has been working overtime at the MGH. One story circulating is that there will be 1,000 layoffs on April 1; another version has 3,000 by April 15.

Neither story is true.

"For the past 15 years," said Richard Crater, Associate General Director and Chief Operating Officer at the MGH, "we we could always count on an increasing amount of money to meet the next year's needs. *This* year, for the first time, we have no increase. That's a dramatic change we're all going to have to get used to."

The MGH will reduce its inpatient bed capacity over the next few years *(see related story, page 2)*. Pressures from managed care and insurance companies mean that the MGH will be paid less in the future for patient-care services.

"To make matters worse, we face inflation and will need to respond to increases in the cost of living," Mr. Crater said. "Sixty-five percent of our costs are employee salaries and with less money, we will have to operate with fewer employees."

Four hospital-wide committees have been established to improve the efficiency of patient care, improve patient satisfaction, reduce cost, and expand the MGH network of patients and doctors. They are as follows:

Clinical Practice Council

The Clinical Practice Council is a joint committee of the MGH and the Mass. General Physicians Corporation. Its overall goal is to improve the efficiency of patient care while maintaining and improving the quality of those services. The Council will identify inefficiencies through internal surveys and external measures, prioritize areas in need of change, and develop new ways of delivering

(More on Reverse Side)

Goal: Clinical Outcomes

Clinical Practice Council
Executive Director:
Peter Slavin, MD

Goal: Improving Patient Experience

Continuous Improvement Steering Committee
Chairman: Richard Crater,
Chief Operating Officer

Goal: Cost Effectiveness

Cost Reduction Task Force
Chairman: Catherine Robbins,
VPGD for Fiscal Affairs

Goal: Expanded Networks

Executive Oversight Committee
Chairman: Richard Crater,
Chief Operating Officer

Ideas that Work

***Editor's note:** This is the first in an occasional series of stories that will highlight good ideas that have resulted in greater efficiency, increased productivity, or better patient care.*

Phone service is easy to take for granted — until you don't have it.

Two years ago, a request for new phone service at the MGH could take anywhere from 6 to 10 weeks to process. Today, it takes 2 to 3 weeks.

What makes this even more impressive is that, because of 2 retirements, there are fewer workers available to do the job. And workers say they have more job satisfaction.

"It definitely makes for better interaction with our customers," said Scott Hooper, a network service engineer.

What happened?

"We used to do things like Ford," explains Robert Lewis, Director of Communications. "Now we've become more like Volvo.

"This department used to work like a production line. One person was responsible for the phone sets. Another handled the wire. Someone else ordered new service from New England Telephone. And all of the work orders went through one person."

The production-line system resulted in a backlog of work that frustrated customers and engineers alike.

Now that has changed. "It's more of a soup-to-nuts process," explains Mr. Lewis. "Each of our network service engineers is responsible for the complete processing of an order, from request to installation to repair."

There were other changes as well: The initial processing of orders was speeded up, from 2 weeks to a 24-hour turnaround time. Work is now divided geographically, with each network service engineer responsible for specific buildings.

Another change took place in inventory. Instead of waiting for a request and then ordering the components of phone service — sets, wire, dial tone — the network service engineers now keep a 30-day inventory on hand.

"Dial tone in particular was causing delays beyond our control," said Mr. Hooper. "New England Telephone has a 2-week backlog of orders."

"We decided that our demand for new service was steady enough that we could risk ordering service in advance of demand," added Mr. Lewis.

But another key was the fact that these changes were arrived at through consensus, during group brainstorming sessions.

"We all got to put our two cents in and came up with something everyone was happy with," said Mr. Hooper.

"Collaboration was essential," agreed Mr. Lewis. "We all had good ideas, but together we came up with the best way of doing things."

Now Mr. Hooper and the other network service engineers are developing good working relationships with other MGHers, instead of trying to avoid them in the hallways. "It's more satisfying to see a job through to completion," said Mr. Hooper. "And the customers are happier."

(Continued from Page 1)
patient services while reducing inefficiency.

Continuous Improvement Steering Committee
The Continuous Improvement Steering Committee is seeking ways to improve the experience of patients at the MGH. To accomplish this, the Committee wants to adapt principles developed in the world of private industry — such as total quality management and customer service — to a hospital setting. Specific activities include customer service training, a patient satisfaction survey, and the restructuring of inpatient care.

Executive Oversight Committee
The Executive Oversight Committee, whose membership includes administrators, physicians, and chiefs of service, is expanding the MGH network of patients and doctors. The strategic vision is to develop an integrated health care delivery system, so that patients can receive everything from a basic physical exam to the most advanced lifesaving operation in the most cost-effective way.

This strategy preceded the affiliation with Brigham & Women's Hospital. As reported earlier in the *Hotline*, the MGH has announced or is developing partnerships with doctors in other hospitals such as North Shore Medical Center, Cape Ann Medical Center, and the Massachusetts Associated Physicians, Inc. And these efforts will continue now that the affiliation with BWH is complete.

Cost Reduction Task Force
The Cost Reduction Task Force is developing a detailed strategy for a cost reduction effort in three areas: administration, operational support, and clinical support. Specific goals include the identification of overall reduction goals and specific areas; the development of a strategy for retaining valuable employees while cutting costs; and recommendations for organizational structures needed to support successful projects.

What You Can Do
"With so much change, the anxiety level is high," Mr. Crater said. "But the health care environment has changed and we have to change with it.

"What we're asking people to do — workers, managers, and physicians — is to come up with ways that all of us can function more efficiently and provide better care for our patients."

One good idea in the Communications Department has been highlighted for this issue. Others will be featured in upcoming issues of the *Hotline*.

"Change starts with you," said Mr. Crater. "We're all responsible for making this work."

Bed Consolidations Planned

In order to respond proactively to the changing health care environment, the MGH is looking critically at its inpatient bed capacity. The number and distribution of inpatient beds are affected by a number of factors, including shorter length of stay for inpatients, changing reimbursement rules, and a shift in emphasis to outpatient care and primary care.

Several bed consolidations will take place in April and May. These moves will result in a reduction of 26 beds in the hospital. All nursing staff working on the affected units will either retain their own positions or will be offered other positions within the Department of Nursing. The impact on staff in other departments is currently being assessed, but it is expected to be minimal.

These moves are being undertaken in order to accomplish two major goals: 1) moving the Transplant Unit, the last remaining inpatient unit in Founders House, to a more appropriate location, and 2) consolidating the general care inpatient programs of the Children's Service, now on Ellison 13, 17 and 19, onto two better integrated floors.

Unit/Location:	***Will Move to:***
White 11 - Private General Surgery	**White 7 (Additional beds on Ellison 13)**
Ellison 16 - Medicine	**White 11**
Ellison 13, 17 and 19 Children's Service patients	**Ellison 16 and 17**
Founders House 8 - Transplant Unit	**Ellison 19**

** The offices of Dr. Donald Medearis, Chief of Pediatrics, and Thomas Smith, RN, ICNS/ Pediatric Nursing, will remain on Ellison 19. When the moves are complete, all patient care programs currently on Ellison 13, 17, and 19 will be located on Ellison 16 and 17.*

Once the Transplant Unit moves, Founders House will have no inpatient beds remaining. Two uses are now planned for the building. To reduce costs, MGH staff now working in rented space off the hospital's main campus will be moved to offices in Founders House. The building will also be used to provide office space for additional primary care providers who will be joining the hospital in July. Minor renovations will be necessary beforehand.

As further information becomes available, it will be communicated by E-mail, in *Hotline Update*, or in informational memos distributed with paychecks. In the meantime, if you have any questions, please contact your Assistant General Director or your Nursing Director.

MGH Chapel Services

Passover
Video presentations on Passover are broadcast at 5:00 p.m. on MGH TV, Channel 16, on the following days:
Friday, March 25
Saturday, March 26
Sunday, March 27

Holy Week Chapel Services at MGH:
Monday, Tuesday, Wednesday
March 28 - 30:
12:15 pm, Prayer Service; 4:00 pm, Mass

Holy Thursday
March 31
12:15 pm, Prayer Service and Protestant Holy Communion; 4:00 pm, Mass

Good Friday*
April 1
12:15 pm, Prayer Service;
4:00 pm, Catholic Service
**The regularly scheduled Muslim prayers will be held on Friday at 1:00 pm in the chapel as usual.*

Holy Saturday
April 2
4:00 pm, Easter Vigil Mass

Easter Sunday
April 3
12:00 pm, Protestant Service;
4:00 pm, Mass

PLEASE RECYCLE

MGH HOTLINE

1 April 1994

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of Massachusetts General Hospital
101 Merrimac St., Fourth Floor, Extension 6-2206

Minority nursing at the MGH

Preparing for the year 2000

"To be a facilitator of change that will promote the retention and recruitment of professionals from culturally diverse backgrounds" — that is the mission of the Minority Nurse Retention and Recruitment Committee (MNRRC), formerly the Minority Nurse Task Force.

The MNRRC hosted a day-long series of lectures and discussions at the 3rd Annual Diversity Awareness Forum held during February, Black History Month.

"Nurses are human. They have cultural conflicts, they have been raised in families and have learned biases and stereotypes," stated keynote speaker Beverly Malone, RN, PhD, FAAN, Dean of the School of Nursing, North Carolina A&T State College. In her speech, "The Emerging Majority: A Challenge to the New Health Care Era," she emphasized that diverse patient populations are best served by a diverse group of health care providers and explained the danger of nurses thinking they are "color-blind" when they treat patients. "They must be able to tell black from white. It is

Keynote speaker Beverly Malone, RN, PhD, FAAN, Dean of the School of Nursing, North Carolina A&T State College

powerful to hear testimonies of biases because only then can people take steps to change."

To drive home the point, she asked the audience to consider whether they have any negative personal opinions and feelings about child abusers. She suggested that they probably do because they have a lifetime of experience that affects how they think. By acknowledging their feelings and cultural biases, nurses are better able to take the extra steps necessary to assure that their *behavior* as nurses is not negatively affected by their feelings as people.

Noting that the MGH has poor representation of minority nurses at both the staff and management levels (according to Minority Nurse Task Force data from April 1991, only 43 out of 2,270 nurses at the MGH are minority), Ms. Malone suggested changing five key areas to reflect the goal of improving minority representation: philosophy, mission, strategic plan, budget, and evaluation. Only through a comprehensive, across-the-board effort would the current status change, she advised.

"The MGH needs to make significantly greater progress in the spectrum of diversity in a whole range of areas, including professional areas," said Chairman of the MGH Board of Trustees Ferdinand Colloredo-

(Continued on Page 2)

HIV/AIDS Awareness Week at the MGH

At the center of the quilt, a panel created by MGHers in remembrance of all those who have died of AIDS, reads:

THEY DESERVE THE GOLD! The many patients that participated in the AIDS clinical trials and other research activities helping to find answers and stop the disease of AIDS.

The AIDS Clinical Trials Group

This year's HIV/AIDS Awareness Week coincided with the start of the 1994 Olympics. The message underscored the MGH's place as one of a relatively small number of institutions worldwide that is providing both high-quality medical care to HIV-infected patients and achieving scientific breakthroughs to combat HIV and AIDS.

"We wouldn't be where we are if it weren't for these people," emphasized Teri Flynn, RN, an AIDS Nurse Clinician in the Infectious Disease Unit. "We are indebted to them."

Among the patients Ms. Flynn and other MGHers remembered by inclusion on the MGH quilt: Rita V., one of the first AIDS patients treated at the MGH in 1983; Jay F., an active

(Continued on Page 3)

The AIDS quilt

An international leader comes home

The appointment of Leonard B. Kaban, DMD, MD, as MGH Chief of Oral and Maxillofacial Surgery is a homecoming of sorts for one of the field's international leaders. "My formative years were spent in Boston — at Harvard, at the MGH, and then at the Brigham and Women's (BWH) and Children's Hospitals. It's great to come back."

Dr. Kaban spent the last eight and a half years as chair of the Oral and Maxillofacial Surgery Department at the University of California at San Francisco. Among the inducements that lured him back to Boston was the opportunity to chair a newly-formed Combined Harvard Oral and Maxillofacial Surgery Program, which will encompass the MGH, BWH, and Children's programs.

As leader of the MGH service, Dr. Kaban succeeds R. Bruce Donoff, DMD, MD, who is now Dean of the Harvard School of Dental Medicine. "Dr. Kaban was the best person

(Continued on Page 4)

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ProTech student finds inspiration at the MGH
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The annual Timilty School Science Fair
page 4

Minority nurses prepare for the year 2000

(Continued from Page 1)
Mansfeld. "We as an institution would be stronger, if we had a broader workforce, in meeting the needs of the various communities around us."

Associate General Director Richard Crater's comments echoed the sentiment: "It is abundantly clear that the institution does not reflect our community or the society in which we live. You look around these walls and mostly you see paintings of old dead white guys. We need to fix that by changing the society here at the MGH." Although he acknowledged that recruiting minority nurses and leaders from other institutions was one way of accomplishing change, he emphasized the need to "make a major commitment to developing professionals and to creating a pool of diverse minority people with the skills we need. Then we will truly see the proportions change."

MGH's new Associate General Director and Chief Nurse Executive Gail Kuhn Weissman, EdD, RN, FAAN, suggested, among other things, developing internal mentoring programs and adding a nursing track to some of the MGH's current student outreach programs.

MNRRC meetings, open to the entire MGH community, are held on the second Tuesday of each month. Upcoming meetings are on April 12 and May 10. To find out more about the MNRRC, contact Chairperson Aletha Niles, RN, BS, at 4-4289, or Co-Chairperson Ronald Greene, RN, at 4-6623.

MGH Trustee E. Lorraine Baugh, RN, MS, the founder of the New England Regional Black Nurses Association, Inc., moderated the afternoon panel. She spoke about the coping mechanisms many minority people develop to deal with what author Ellis Cose refers to as "the dozen demons" in his book *The Rage of a Privileged Class.* Demons such as feeling like you "don't fit in," other people's low expectations of your work, being pigeon-holed, and receiving backhanded praise — "You are really good at that, not like other black people." She reiterated the importance of not only recruiting and developing minorities, but working on the environment at the MGH so that people recruited here will want to stay and have the support systems necessary to succeed.

Looking forward to the year 2000, when the white majority is expected to become the minority in the American workplace, Director of Recruitment, George Sweeney, said, "People talk about planning for the year 2000. Well, the five-year-plan is here — it is five years and ten months away. We had better have diversity in place, or I believe as an institution we will suffer the consequences. We have heard words. Now it is time to implement."

The forum opened with welcoming remarks from Aletha Niles, RN, BS, Chairperson of the MNRRC; Ronald Greene, RN, Co-Chairperson of MNRRC; and from Mistress of Ceremonies Debbie Washington, RN, MSN. The morning session speakers included Thomas Rothwell, Associate General Director of Human Resources; Barbara Holland, Director of Diversity; Mr. Sweeney; and Winfred Williams, Jr., MD, Director of Minority Health Professions.

Afternoon panelists included Dr. Malone, Mr. Sweeney, Dr. Weissman, Dr. Marion Winfrey, an MNRRC member and MGH Burn Unit nurse and a professor at the U. Mass, Boston, Nursing Program; and Dr. Maureen Groer, Professor and Director of the MGH Institute of Health Professions Nursing Program.

The Alliance of MGH Minority Professionals

Another MGH group working to meet the needs of a diverse patient population is the Alliance of MGH Minority Professionals. Formed to address employment issues related to recruitment, retention, and advancement of minorities at the MGH, the committee members represent a cross section of MGH's minority employees at a professional level.

Upcoming meetings are scheduled for April 26 and May 31 from 1 to 2 pm. If you would like to attend a meeting or find out more, contact Pam Burton at 6-2651.

Bonnie Michelman, left, Director of Police and Security, was interviewed by Barbara Price, right, of ***CBS Evening News*** *regarding violence in the workplace and what large institutions and businesses are doing to educate workers on how to protect themselves. The piece was scheduled to air the week of March 7. Ms. Michelman has also been elected President-Elect of the International Association for Healthcare Security and Safety (IAHSS), a non-profit organization with a membership of more than 1,500 healthcare security and safety executives worldwide. She will serve at least a two-year term on the Board of Directors of IAHSS following her installation at the June Annual General Meeting in Denver.*

MGH celebrates Black History Month

"We wanted to expose the MGH community at large to a bit of African-American culture," said Kathy Long of Employee Relations who, as co-chair of the MGH Cultural Diversity Committee, coordinated this year's Black History Month celebration, *Coming Together.* We displayed some Afro-centric art, books, clothing, and crafts to give people a glimpse into the variety of African-American culture."

Under the auspices of the MGH Cultural Diversity Committee, this year's Black History Month celebration was held in the East Cafeteria, which allowed plenty of space for curious MGHers to view the displays, stop for a snack, and enjoy a performance by a Boston-based gospel group *Beloved.* The group entertained MGHers, who may have noticed a familiar face among the singers: Barbara Gill from White 10.

The Cultural Diversity Committee is actively seeking volunteers to help plan the Cultural Diversity Festival in September. The committee meets on the second Tuesday of each month from 12:30 pm to 1:30 pm. If you are interested in getting involved, come to a meeting or contact Kathy Long at ext. 6-5139.

HIV/AIDS Awareness Week:

"We remember"

(Continued from Page 1)
landscape architect until the end; and Eddie O., whose pride in his Irish heritage is symbolized on the quilt in the design of an Irish Claddaugh, the traditional Irish friendship symbol.

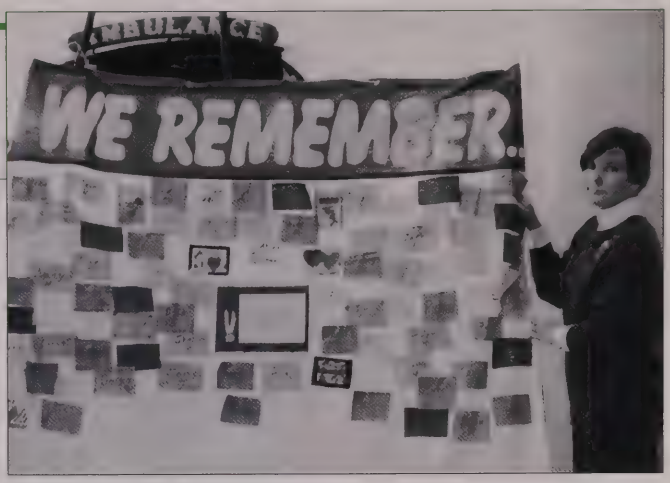
These three are among the scores of patients that Ms. Flynn describes as brave for having faced their own illnesses and for having been willing to become a part of the scientific research efforts meant to defeat the disease.

Notable research achievements at the MGH:

- the first to confirm that a healthy individual can be a carrier of the AIDS virus, in semen, and can potentially transmit the virus sexually (1984);
- determined there is a low danger of AIDS infection in health workers and researchers who have close and repeated contact with AIDS patients, provided that the normal precautions recommended for those working with any blood-borne virus are followed (1985);
- the first to detect the virus in female genital secretions, indicating that females can transmit the virus sexually as well (1986);
- among the first to determine that HIV can reside in the brain and infect the nervous system, helping to clarify the association between the virus and AIDS-associated neurologic disease (1985);
- determined that the virus is rarely present in saliva of those infected with AIDS, a finding which helped counter fears that the disease could be spread through casual social contact;
- conducted important studies that clarified the pathogenesis of HIV infection including: demonstrating neutralizing antibodies and exotoxic T lymphocytes in HIV infection, opening the door to rational approaches to an HIV vaccine (1986-1988); explaining important interactions between HIV and other viruses, showing that the spectrum of HIV infection is much broader than initially thought (1986-1988);
- pioneered studies of anti-HIV therapies both in the laboratory and in patients (beginning in 1985). These studies have included the discovery of drugs with anti-HIV activity, the initial studies of two-, three-, and four-drug combinations with synergistic anti-HIV activity; and a number of critical clinical trials with single agents and combinations.

MGH investigators have been involved in clinical and laboratory research on AIDS since the initial recognition of the disease and have made major contributions to the understanding of AIDS. Because they also care for patients with AIDS or HIV, they are able to closely integrate laboratory and clinical investigation with patient care. So it is fitting that at the MGH, alongside panels of the International Names Project Quilt, hung a unique panel dedicated to people the MGH community has lost to AIDS.

The panel created during HIV/AIDS Awareness Week, along with other panel pieces created by MGHers to remember colleagues, will be dedicated and officially given to the International Names Project on **Monday, May 23, at 1 pm** under the Bulfinch tent.



Teri Flynn, RN, AIDS Nurse Clinician

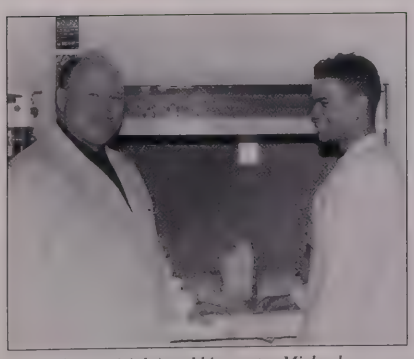
Clinton AIDS panel to include MGH doctor

Dr. Deborah Cotton of the MGH Infectious Disease Unit and Harvard Medical School was one of 18 selected by the Clinton Administration for a new AIDS panel to speed the search for new treatments to combat AIDS and HIV.

In a statement from the Department of Health and Human Services, HHS Secretary Donna E. Shalala said, "I've asked this panel to identify new approaches in research and to remove any barriers or obstacles to developing effective treatments." She emphasized that, "This is not just another government panel appointed to study an issue and write a report that gathers dust . . . HIV is a vicious and cunning adversary. But history will judge us harshly if we fail to give it our best shot."

The panel will be chaired by Assistant Secretary of Health Philip Lee and includes the Director of the NIH, the Commissioner of the FDA and senior representatives from academia and the pharmaceutical industry.

ProTech student finds inspiration at the MGH


Darreyl Bugg (right) and his mentor Michael Fredrickson.

Darreyl Bugg, a second-year student in the Project ProTech Program, submitted the following essay for a contest to win a computer. He has been selected as a finalist but as of press time the results were not known. He hopes to attend college and major in communications and theatre next year. His mentor, Michael Fredrickson, Chief Technologist in the MGH Pathology Department, has mentored students for four years as part of the Project ProTech Program — the Boston Private Industry Council's effort linking Boston-area students with the medical community.

The Most Influential Person in My Life

Intimidated, scared, and totally lost was the way I felt. I never thought I could adapt to such a high-tech environment where the work dealt with life and death issues. For my work experience through Project ProTech, I had been placed in the Histology/Pathology department of the Massachusetts General Hospital, one of the greatest hospitals in the world. Walking through the halls of the hospital, I could hear sophisticated words and conversations, and I saw very important-looking people. How could I ever succeed here?

When I first met him, his presence filled the tiny office. Such a big man for such a tiny office, I remember thinking. Within time, I was to learn that this man was not only big physically, but he had a heart and soul double his size. I got to know him as a supervisor and as a mentor with very high standards who demanded the best efforts from those who worked in his department. Besides the fundamental things necessary to learn in the pathology department, he taught me how to observe, how to be responsible, how to handle difficult situations, and how to relate with others in a professional manner.

(Continued on Page 4)

Dr. Kaban, new chief of Oral and Maxillofacial Surgery

(Continued from Page 1)
identified in our search for a new MGH chief," said Dr. Donoff, who remains on the hospital's staff. "I'm very pleased that we were able to bring him back."

Dr. Donoff added, "The combined Harvard-wide program is a vision we've shared and been working toward for a long time. And it's truly consistent with the spirit of the new affiliation with BWH. Dr. Kaban will have my full support in his efforts to make the program a reality."

Improved collaboration

Although the three hospitals' oral surgery groups have collaborated for many years — with residents from the MGH rotating to the other hospitals — the combined program will formalize the relationship and allow both greater integration and flexibility of patient care, teaching, and research programs.

"Not only residents, but faculty members will be able to move between different hospitals, depending on their particular areas of expertise and interest," Dr. Kaban said. "We hope to have a bit more coordination of our clinical practices, to form a Harvard-hospitals oral and maxillofacial surgery group. And here at the MGH, I hope to streamline our operation to make it even more accessible to patients and referring physicians and dentists."

Dr. Kaban's patient care practice has focused on the problems of children — including treatment of growth defects affecting the face and jaw, facial injuries, and jaw tumors. His research interests are related — ways to induce the formation of new bone to repair a damaged area, and studies of wound healing in the fetus and how it may relate to treatment of inborn facial defects.

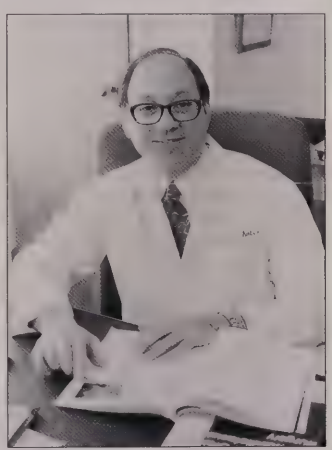
When surgeons reconstruct a portion of a patient's face or jaw that has been lost to injury or an illness like cancer, they currently must use bone taken from another part of the patient's body. The patient actually has two operations and endures additional discomfort and scarring. With colleagues in Boston and California, Dr. Kaban has investigated how bone material taken from deceased donors and subjected to a special treatment might be able to stimulate the growth of new bone tissue.

Understanding the healing process

Dr. Kaban's wound-healing investigations take off from the observation that the healing process changes when an animal is born. A surgical incision made in a fetus heals without inflammation or scarring, two processes that can complicate the results of healing after birth. The challenge is to find ways to activate the fetal healing mechanism in the infant or adult animal.

One possible application of such research would be in the treatment of cleft lip and cleft palate — the most common congenital facial defect. While surgical repair of this condition is very successful, a significant portion of patients develop later growth problems affecting the middle of the face, problems that probably result from scar tissue.

"It's important to note that no one doing this research is advocating surgery on human fetuses to repair cleft lip and palate," Dr. Kaban stressed. "It's not appropriate to put the mother at risk to treat a non-fatal deformity that we can take care of after birth.



Leonard B. Kaban, DMD, MD

"But if we can find a way to make the postnatal healing process more fetal-like, we should be able to get better results for these patients and for others with congenital facial defects," he said.

Dr. Kaban also has been named the Walter C. Guralnick Professor of Oral and Maxillofacial Surgery at Harvard. Dr. Guralnick was MGH chief from 1967 to 1982 and continues on the hospital's oral surgery staff.

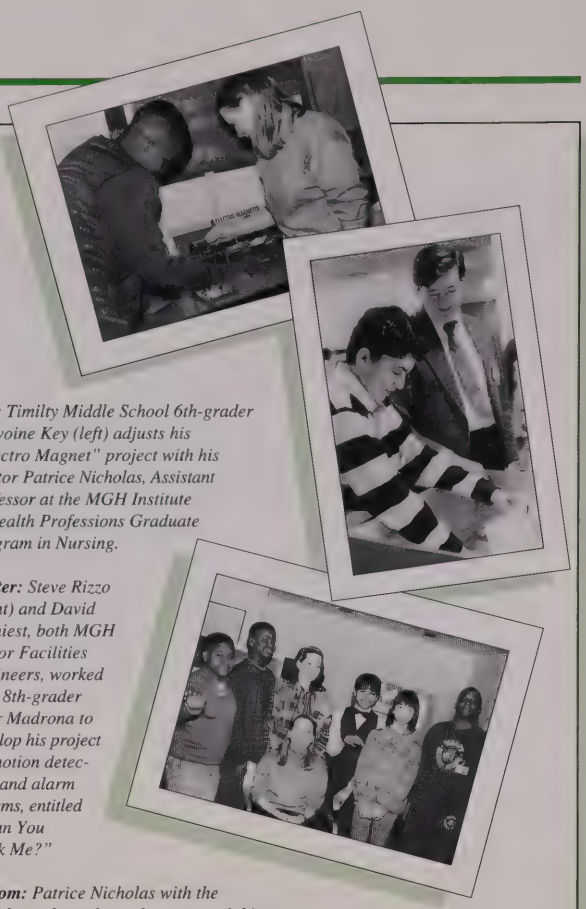
"The MGH is a great place, and it's exciting to be back at Harvard," Dr. Kaban said. "We really have a unique opportunity to build a center where practitioners from all over New England can send their oral surgery problems and patients can receive the very best care."

News Office Moves

The News Office has merged with the Development Office and moved to a new location, although the phone numbers remain the same. The new address is:

Development
and Public Affairs Office
101 Merrimac Street, 4th Floor

News Office: 726-2206
Development Office: 726-2200



Top: *Timilty Middle School 6th-grader Antwoine Key (left) adjusts his "Electro Magnet" project with his mentor Patrice Nicholas, Assistant Professor at the MGH Institute of Health Professions Graduate Program in Nursing.*

Center: *Steve Rizzo (right) and David Stymiest, both MGH Senior Facilities Engineers, worked with 8th-grader Ivair Madrona to develop his project on motion detectors and alarm systems, entitled "Can You Trick Me?"*

Bottom: *Patrice Nicholas with the six 6th-grade students she mentored this year. Originally planning to arrange for five other mentors, Ms. Nicholas ended up helping all six students with their projects.*

The Timilty School science fair: an annual educational experience

At the fourth annual MGH/Timilty Science Fair, students presented their science projects in the Wellman Conference Room. The Science Fair Mentor Program is one of four partnership programs between the MGH and the James P. Timilty Middle School, a Boston public school in Roxbury, designed to enhance students' educational experience by pairing them with mentors. For information on the partnership, call Peter Yost at 6-5055.

ProTech student finds inspiration at the MGH

(Continued from Page 3)

If all I learned from him were the skills necessary to work in a pathology department, that alone would have benefited me, but he was interested in me as a person. He became not only a supervisor but also a friend. He made me believe that I was somebody too. He helped me gain faith in myself. He cared about what I thought. He taught me to open my eyes and give things a chance. He always made the time to listen to what I had to say. He taught me the values of life in a way he probably didn't even realize because that was just him.

He stood behind me when school was tough. He checked my grades and would push me to achieve as much as I could. He explained to me how important education and goals were to my future. He showed me that I didn't have to pursue a career I wasn't totally interested in. He helped me see that my future depended on my dreams and goals, not on those that other people had for me.

It seems as if God often takes things away from us, but the gift He has given me is a gift I will never forget and will appreciate with all my heart. I'll always be grateful for Michael Frederickson, the most influential person in my life. Mike, I was like a seed struggling for life in a sidewalk crack. You gave me the push and nurturing to blossom and achieve my potential.

The MGH HOTLINE is published monthly by the MGH Development and Public Affairs Office.

Allen Peckham
Vice President of Development and Public Affairs

Wendy A. Matarazzo, *Editor*
Susan R. McGreevey, *contributing writer*

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Massachusetts General Hospital
Bartlett 9 / Extension 2206

MGH HOTLINE UPDATE

April 1, 1994

Why obstetrics is returning to the MGH

One of the most frequently asked questions since the MGH/BWH affiliation was announced in December has been whether the MGH will proceed with its plans to open an obstetrics program. Many people wondered whether the new relationship with a hospital that has the largest such service in New England would make an MGH program unnecessary.

But the reasons behind the MGH's original decision to reintroduce obstetrics have not changed. Most simply stated, the MGH will be providing a much-desired service to a group of patients who already look upon the MGH as "their hospital."

Throughout its history the MGH has served as a community hospital to patients from adjacent Boston neighborhoods and nearby communities. That relationship has been particularly strong in Charlestown, Chelsea, and Revere. In those communities, the hospital operates neighborhood health centers that offer complete primary care services to all residents — infants to the elderly.

These neighborhood health centers have always provided prenatal care, but patients had to be sent to other hospitals for delivery. Last year, for example, 270 MGH patients from the Chelsea Health Center alone gave birth at Cambridge Hospital. More than 120 patients from Bunker Hill and Revere were also required to deliver their babies away from the MGH's familiar surroundings.

"The expectant mothers from our neighborhood health centers have been able to receive all their health care needs at the MGH with one major exception — their deliveries were performed at other hospitals," says Isaac Schiff, MD, Chief of the Vincent Memorial Obstetrics/Gynecology Service at the MGH. "Now with an on-site MGH obstetrics program, our new mothers and their families — will enjoy the continuity of care they deserve. We have a long-term commitment to support our health center patients with dignity and compassion, without regard to their financial means."

Additionally, women who have been MGH patients because of chronic health problems, such as diabetes or heart disease, had to be referred to obstetricians elsewhere when they became pregnant. This was an unfortunate breakdown in the continuity of care that is so important in managing complicated medical situations.

Women who take advantage of the hospital's fertility or genetic counseling services have been disappointed when they could not deliver their babies at the MGH. All other women who receive routine health care at the MGH had to turn elsewhere for obstetrics, and none of the 300 to 400 MGH employees (or employee spouses) who give birth each year could choose to deliver at the hospital where they work.

With the return of obstetrics, the MGH becomes a true full-service hospital. MGH patients who become pregnant will be able to have their babies within a familiar system, under the care of familiar physicians, without the previous fragmentation of care. And in the event that an unexpected problem develops during or after a birth, the infant need only be moved a few floors to receive complete intensive care services, rather than be transported across town in an ambulance.

Many elements required to support a top-quality obstetrics program are already in place at the MGH — including pediatrics, pediatric surgery, and neonatal intensive care. The delivery and postpartum area, now under construction in the Blake Building, will be the only totally new element.

"Some health care observers have claimed that the MGH will focus on high-risk deliveries at high cost. This is not true," says Fredric D. Frigoletto Jr., MD, who became MGH Chief of Obstetrics last fall. "While we will be able to provide the sophisticated care needed by high-risk patients, the majority of our patients will anticipate normal pregnancies. The MGH intends to deliver the highest quality of care, with the best possible outcomes, at the lowest reasonable cost."

(More on reverse side)

Some facts about obstetrics at the MGH

- Obstetrics at the MGH will be based in the new Blake Building (Tower II).
- Prenatal care and other ambulatory services will be located on Blake 10, directly adjacent to Women's Health Associates.
- Babies will be born on Blake 14, either in the 11 labor/delivery/recovery rooms or in the 2 special surgical suites for Caesarean deliveries
- After recovery, mothers and infants will be moved to Blake 13, which will feature 21 postpartum rooms and 2 nurseries.
- Obstetrics will eventually be staffed by eight obstetricians, six midwives, and more than one hundred nurses. Several of these professionals will be based at the community health centers.
- Expectant mothers can register for prenatal care at the MGH main campus beginning in July. (For information, call Dr. Frigoletto's office at 4-3777.) The first deliveries at the hospital should take place on or around November 1.
- It is estimated that about 1,000 babies will be born at the MGH in the first 11 months of the program (Nov. '94 to Sept. '95). During the 1996 fiscal year, more than 2,000 deliveries are expected.

— Why obstetrics?

(Continued from Page 1)

All low-risk expectant mothers will have the option to choose a midwife, rather than an obstetrician, for prenatal care and delivery. Should an unanticipated problem develop, a patient can smoothly transfer to an obstetrician's care.

The affiliation with BWH will allow the two obstetrics programs to work closely together — sharing information, developing teaching and research activities, and working to keep costs under control. It has been frequently noted that the two hospitals serve patients from different regions — the MGH from downtown Boston, adjacent communities, and the near northern suburbs; BWH from southern and western Boston and communities to the south and west. The complementarity that makes the two hospitals such ideal partners also supports offering obstetrics at both locations as part of an integrated system centered on community-based primary care.

"Obstetrics is an essential component of the role the MGH will play in the new Partners HealthCare System," says Donald Medearis, MD, Chief of the MGH Children's Service. "And at the MGH, it is going to contribute immensely to the future development of pediatrics at all levels — from primary care to the most specialized services. We're very excited about this renewed emphasis on health services for women, children, and families."

"Like obstetrics, the MGH Children's Service is an integral part of our new health care system," says Samuel O. Thier, MD, President-designate. "We are committed to seeking a successor to Dr. Medearis who will further advance the hospital's reputation for pediatric excellence."

In line with the shift toward managed care in Massachusetts and anticipating national health care reform, the MGH has been strengthening all its primary care services. Only by offering obstetrics — a key primary care service — in both of its major patient care centers will the new system meet its goal to better serve the needs of its entire community.

What's Happening

Appreciating admitting
MGH Admitting Services will be celebrating National Healthcare Access Management Week from April 2 through 8. Admitting Services staff schedule admissions, process insurance pre-certification and managed care approvals, and register outpatient and Emergency Department patients. Staff at the MGH Health Centers and Ambulatory Care Division also perform registration services.

Be a winner and donate blood
Throughout April donate a unit of blood or platelets at the MGH Blood Donor Center and qualify to win a weekend for two at the Sheraton Tara Hotel in Framingham. The drawing will be held on April 30. The center, located in the Gray lobby, is open from 8:30 am — 7:30 pm, Monday through Thursday; 8:30 am — 4:30 pm on Fridays. Employees are encouraged to call 6-3620 ahead of time to avoid waiting.

Nutrition and weight loss
The Department of Dietetics presents "Secrets of Successful Weight Loss" on April 14 from 6 — 7:15 pm. The class includes lecture and group participation. Call 6-2779 to register by April 7; $15 fee.

Training and Organizational Development
Highlights of this April's course offerings sponsored by the MGH Department of Training and Organizational Development include:

Performance Evaluation Workshop, starts April 4; English as a Second Language, starts April 11; Scientific Writing, starts April 11; and Dollars and Sense, starts April 25. For a description of these courses or a full listing of many others, refer to the Training and Opportunities catalog or call 6-2230.

Employee Relations Moves

Employee Relations has moved to Bulfinch 1, Suite 126 (the former location of Employee Health Services).

The main numbers remain the same: tel. 6-5139; fax 6-6866. Individuals can be reached as follows:

Beverly Lasovick 4-3551
Pam Cosgrove 4-3553
Kathy Long 4-3552
Laurie Buehler 6-3271
Kathy Blomberg 6-5140

Who's in control — you or your finances?
Get some answers, hear practical financial planning strategies, and learn how to effectively manage your personal finances at the April 21 seminar sponsored by the Employee Assistance Program, noon to 1 pm in the Wellman Conference Room. Advanced registration recommended, 6-6976. Free of charge to MGH employees and their families. Bring your lunch.

Peggy Slasman named Director of Public Affairs

PEGGY L. SLASMAN has joined the Development and Public Affairs Office as Director of Public Affairs. She will be responsible for the hospital's public affairs, media relations, and publications activities.

Ms. Slasman had been Director of Public Affairs at Children's Hospital since 1989. She joined Children's in 1985 as a health information writer and was subsequently public affairs coordinator and assistant director. She also worked as a newspaper reporter in Missouri; Washington, DC; and Texas. She is a graduate of Franklin and Marshall College in Pennsylvania and received a master's in Journalism from the University of Missouri.

Dr. Thier moves in

SAMUEL O. THIER, MD, who will become The Massachusetts General Hospital President in May, has moved into an office on White 1 and is on campus weekly. His mailing address is WHT1, and his office phone number is 6-9299.

Vice President named for Partners HealthCare System

ROBERT H. SCOTT has been named Vice President for Administration and Finance for Partners HealthCare System, Inc. According to H. Richard Nesson, MD, the system's CEO, Mr. Scott's responsibilities will include overseeing the central activities and coordination of the new system.

Prior to this appointment, Mr. Scott was Vice President for Finance at Harvard University. His earlier positions at Harvard include Vice President for Administration, Associate Dean for Resource Planning in the Faculty of Arts and Sciences, and Director of the Office of Financial Systems. He is a graduate of MIT, where he also held several administrative positions. Mr. Scott has served as an advisor and consultant to several universities, corporations, and government agencies in the areas of planning, administration, management, and information technology.

A publication of the
Development and Public Affairs Office
Massachusetts General Hospital
Merrimac St., 4th Floor
Extension 2206

MGH HOTLINE UPDATE

April 11, 1994

MEMORANDUM

To: **The MGH Community**

From: **Ferdinand Colloredo-Mansfeld**
Chairman, Board of Trustees

Re: **Update on MGH Leadership**

I am very pleased to report that Samuel O. Thier, M.D., the President-Designate of The Massachusetts General Hospital, is now spending a major portion of his time at the MGH. He will assume the office of President full time on May 23, 1994. Dr. Thier is located temporarily on White-1. He will move into permanent offices on Bulfinch-2 in July.

J. Robert Buchanan, M.D., will continue to serve as General Director of the General Hospital through June 30, 1994. During that period, Dr. Buchanan will be concentrating his activities exclusively on matters arising out of the affiliation between The Massachusetts General Hospital and The Brigham Medical Center, Inc., and on the special venture activities of The MGH Health Services Corporation.

Richard R. Crater, Associate General Director and Chief Operating Officer of the General Hospital, will continue in that position until June 30, 1994, at which time he will become Executive Vice President and Chief Executive Officer of the General. Mr. Crater's office will move to Bulfinch-2 in July.

As many of you know, representatives of the General Hospital professional staff and administration have been working hard over the past several months to create a new Physicians Organization that will better position the MGH and all of its constituencies to respond to the dramatic changes in our health care delivery system. This new Physicians Organization will assume many of the functions of the existing Massachusetts General Physicians Corporation and The MGH Professional Services Corporation. Dr. Thier will appoint the chief executive officer of the new Physicians Organization at the time its formal structure is put in place.

What's Happening

Dr. Thier's new office
Dr. Thier can now be reached at his new office on White 1, ext. 6-9299. His MGH mailing address is WHT111.

Medical Laboratory Week
MGH laboratories will celebrate the week of April 11 to 15 with a variety of activities at the MGH plus three lectures on total quality management in conjunction with Brigham and Women's Hospital and held at both hospital campuses. A complete schedule of events, including an employee cholesterol screening and tours of the autopsy pathology suite, will be posted in the display case across from the Gift Shop. The Hospital Joint Lecture Series schedule is as follows:

Tuesday, "Total Quality Management (TQM), An Overview," 3 to 4 pm, Ether Dome

Wednesday, "The Laboratory Perspective on TQM," 9 to 10 am and 10 to 11 am

Thursday, "The Physician Perspective on TQM," 9:30 to 10:30 am and 11 am to noon, MGH Lower Amphitheater

Cancer Registrars Week
The Cancer Data Registry Department, located in the Clinics basement, will be celebrating National Cancer Registrars Week from April 11 to 15. The department's seven employees collect diagnostic and treatment data on cancer patients seen at the MGH and MEEI. They also obtain yearly follow-up information to encourage continued medical care of cancer patients and to acquire outcome data. Data from the Registry is used by researchers, clinicians, and administrators at the MGH and MEEI. The Registry is part of the MGH Cancer Center and one of the required components of an American College of Surgeon's approved cancer program. The Registry also reports all new cancer cases to the Massachusetts Cancer Registry of the Massachusetts Department of Public Health.

Piano trio to perform at the Chapel
The MGH community is invited to attend a performance of the New England Conservatory Honors Piano Trio in the MGH Chapel Wednesday, April 13, from 2 to 2:30 pm. The trio consists of a select group of students who receive scholarships through the New England Conservatory Honors Program. The hospital's closed-circuit television system will enable patients to enjoy the performance at their bedside.

Nursing research grand rounds
The Center for Research Based Practice has launched nursing grand rounds to help achieve its goals: to promote an environment where research-based findings are incorporated into the care of patients and their families, and to facilitate and conduct research that examines the effects of nursing interventions on patient outcomes. The CRBP is also committed to establishing ways to disseminate nursing research findings throughout the MGH community.

The rounds will be held on the second Thursday of every month, from noon to 1 pm, in the Bigelow 4 Amphitheater. Speakers will be drawn from the MGH, IHP, and academic and hospital settings outside of the MGH. The next topic is "The Effect of Saline Bolus Instillation Prior to Suctioning" April 14. For more information, contact Glenys Hamilton, RN, DNSc, at 723-0340 or Brian French, RN, at ext. 6-3111.

Two Nutrition Services seminars
SCALE DOWN, a 10-week weight-management program for employees only, begins Monday, April 18 and meets every Monday from 4 to 5 pm. Enroll in "Winning at the Losing Game" and be ready for spring and summer without dieting. The 12-week program, which starts Tuesday, April 19, includes nutrition, behavior, and exercise classes.

Call ext. 6-2779 or stop by WACC-612 and pick up a registration form for either course.

Thyroid organization seeks volunteers
The Thyroid Foundation of America, based in Ruth Sleeper Hall, needs volunteers for everything from office work to grantwriting to patient education projects. The nonprofit organization provides free information and support for thyroid patients, health professionals, and the general public. Last year the foundation responded to more than 30,000 letters and phone calls. Call ext. 6-8500 to find out how to help.

Decision-making study for women
MGH seeks women without a personal history of breast cancer for a decision-making study about breast cancer surgery. The study involves watching a video program and completing a few questionnaires. Women 30 years and older are encouraged to participate and will receive a stipend. For more information, call Marion or Nancy at ext. 6-4106.

MGH in the News

March 15 - Dr. Paul Shellito of Surgery was interviewed by *Medical News Network* regarding managed care and the new health care environment.

March 17 - Dr. Nancy Etcoff of Neurology was interviewed by *United Press International* and the *Boston Globe* regarding a commentary she published in the journal *Nature* on research into standards of physical beauty.

March 21 - Dr. Daniel Kopans of Radiology was interviewed for a *Reader's Digest* article on the merits of mammography as a means of early testing for breast cancer.

March 29 - Dr. Martin Hirsch of the Infectious Disease Unit was interviewed by *WBZ-TV, Channel 4*, regarding the future of AIDS treatment and the current use of protease inhibitors in treatment.

March 29 - Dr. Howard Baden of Dermatology was interviewed by *Harpers Bazaar* for an article about the use of enzymes in skin care products.

April 8 - In January, the ABC television news magazine *20/20* prepared a segment on proton beam therapy, a procedure used to destroy brain tumors without surgery. Interviews were conducted with Dr. Allen Thornton of Radiation Oncology, Drs. Paul Chapman and Robert Ojemann of Neurosurgery, Dr. Barbara Smith of the MGH Comprehensive Breast Center, and two proton beam patients: Jean Nunn and Sandi Gold. Ms. Gold was treated in 1987, and Ms. Nunn is currently undergoing treatment. *At press time, the segment was scheduled to air at 10 pm on the local ABC affiliate WCVB-TV, Channel 5.*

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Extension 2206

MGH HOTLINE UPDATE

April 15, 1994

Affiliation News

Zane Named Vice President of Partners HealthCare System

Partners HealthCare System, Inc., the new parent corporation in the affiliation of Brigham and Women's Hospital and the MGH, announced Wednesday the appointment of Ellen M. Zane as vice president. Ms. Zane will also serve as president of a new corporation that Partners HealthCare System will create to oversee development and management of a comprehensive health-[illegible]fam[illegible]re network. The network will include the two teaching hospitals, several community hospitals, and physician group practices.

"As chief executive officer of Quincy Hospital, Ellen Zane has established a well deserved reputation as one of the state's best community-hospital administrators and someone with an excellent track record in both physician recruitment and community relations," said H. Richard Nesson, MD, BWH president and chief executive officer of Partners HealthCare System, Inc. "We are delighted that Ms. Zane will be joining us to help build our new integrated health-care delivery system."

According to Samuel O. Thier, MD, MGH president-designate and president of Partners HealthCare System, Inc., "Ellen Zane has the experience and the skills necessary to lead this critically important aspect of our new system's development. Her understanding of the needs of community hospitals and primary-care physicians [illegible]gal[illegible]ill enable the system to better serve [illegible]atients and providers alike. We are enormously pleased that Ms. Zane has joined our team."

"I'm excited about the opportunity to work within Partners HealthCare and look forward to the challenge of developing the network. This represents the cutting edge of health care and will be a team effort in every respect," said Ms. Zane.

Since 1990 Ms. Zane has been the chief executive officer at Quincy Hospital, a 290-bed acute-care municipal hospital with $100 million in revenues. She is widely credited for returning the hospital to financial stability after three years of deficits. In addition, she has led efforts at Quincy Hospital to implement an intensive physician recruitment and retention program, a managed-care strategic plan, and a hospital-wide total quality management program. Ms. Zane served as the associate director of Quincy Hospital from 1987 to 1990.

Prior to her tenure at Quincy Hospital, Ms. Zane served from 1979 to 1987 at Morton Hospital and Medical Center in Taunton, where she was vice president for Professional Services. Previously, she was a speech-language pathologist at Lawrence General Hospital (1975 to 1979). Ms. Zane was awarded the Member of the Year Award in 1990 by the Healthcare Management Association of Massachusetts. She is a diplomate of the American College of Healthcare Executives, and a board member of the Massachusetts Hospital Association and the South Shore Chamber of Commerce. Ms. Zane received a Bachelor of Arts degree from George Washington University and Master of Arts degree in Audiology and Speech-Language Pathology from Catholic University of America in Washington, D.C.

DPH Agreement Directs Funds to MGH-Affiliated Programs

Through an agreement reached with the State Department of Public Health (DPH), $300,000 in linkage funds paid by the MGH in conjunction with the operation of its PET scanner will go to support maternal and child health services affiliated with the hospital's patient-care network. The DPH had originally required that most of these funds be directed to programs outside the hospital's service areas.

Funds totaling $200,000 will go to support maternal and child health services at the hospital's community health centers in Chelsea, Charlestown, and Revere. An additional $100,000 will support expanded services in the Point neighborhood of Salem, offered through the North Shore Community Health Center. NSCHC is affiliated with North Shore Medical Center, which established a growing strategic alliance with the MGH in 1992.

For several years, hospitals receiving determination of need (DoN) approvals from the DPH to build new facilities or start new programs have been required to pay linkage funds. These payments are used to support efforts designed to meet health and medical needs of traditionally underserved groups.

The DoN application in question requested that the MGH be allowed to use its existing equipment for PET scans — an advanced imaging technique — as part of a regular clinical service. The hospital had been using the equipment since 1989 under a research

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exemption, which did not allow billing insurance companies for any scans made for patient care. The application was approved in January, but the DPH added the stipulation that the MGH pay $300,000 in linkage to support three programs selected by the DPH.

The MGH objected to the DPH's original linkage demands because the DoN application had been made before the linkage regulations went into effect, therefore any payments the hospital made in this case should be considered voluntary. The MGH's alternative proposal, which directed linkage funds toward programs in the hospital's community health centers, initially received little consideration form the DPH's Public Health Council. The hospital also stressed that directing support to programs affiliated with the MGH could result in greater efficiency and coordination with existing efforts.

The compromise, approved by the Public Health Council March 31, retained most of the MGH's alternative proposal.

What's Happening —

Free Skin Screening May 3

According to the American Cancer Society, an estimated 740,000 people were expected to be diagnosed with skin cancer in 1993. More than 9,000 of them were expected to die from the disease. Worse still, the incidence of skin cancer is rising. The best defense against the disease is early detection. That is why the Dermatology Unit is offering free skin screening for MGH employees and the general public May 3 from 3 pm until 6:30 pm in WACC 481. Screenings will be performed by appointment only. Call 6-1869 to schedule.

Dietetics Offers Nutrition Class

Attend *Fueling the Active Person* Thursday, April 28, from 6 pm to 7:15 pm and you will learn the best nutrients for stamina and endurance, how to build an eating plan, key factors in eating before and after exercise, how to prevent dehydration, and how to evaluate sports food products. A $15 fee includes lecture and a take-home information folder. Call 6-2779 to register.

MGH *in the* NEWS

April 7 — Dr. Mark Pasternack of Pediatric Infectious Disease was interviewed by the *Patriot Ledger* regarding pneumococcal meningitis, a bacterial infection.

April 11 — Dr. Maurizio Fava of Psychiatry was interviewed by *CNBC-TV* regarding the cost of depression to society.

April 11 — Dr. Philip Amrein of Oncology was interviewed by *WNTN Radio* in Newton about leukemia and how it is treated.

Programs to Watch For

Dan Dyrek of Physical Therapy was interviewed by *WBZ-TV, Channel 4,* regarding sports injuries. The segment will air as part of WBZ's coverage of the Boston Marathon on April 18.

Dr. Nesli Basgoz of the Infectious Disease Unit, was interviewed for *The Lepers of Buzzards Bay,* a documentary about a leper colony on Penikese Island, near New Bedford, from 1905 to 1921. The program is scheduled to air Monday, April 18 at 9 pm on WGBH, Channel 2.

Dr. Karen Carlson of Women's Health Associates was interviewed by *WBZ-TV, Channel 4,* for a two-part segment exploring why more women are choosing female physicians as primary-care providers. The series is scheduled to air the week of April 24 on the 6 pm news.

MGH Marks National Organ, Tissue Donor Awareness Week with Displays, Presentations

April 17 through 22 is National Organ and Tissue Donor Awareness Week. MGH will host a number of informative displays and presentations. You can learn about transplantation by talking with transplant recipients and candidates, as well as MGH staff, Monday through Friday 10 am until 2 pm in the WACC Lobby — Thursday, 11 am to 1 pm, in the CNY Building 149 Lobby. Also on the schedule is *Overview of Organ and Tissue Donation*, a presentation by Brenda Stewart, RN, donation coordinator, Tuesday from 1 pm to 3 pm in Walcott Room 2.

18 MGH Cystic Fibrosis Patients to Run in Boston Marathon Relay

Each of the thousands of athletes who run the Boston Marathon have one thing in common: determination. Physically challenged participants, however, exhibit a degree of resolve like no others. Chief among them this year will be 18 MGH patients who will be running as part of the MGH Cystic Fibrosis Relay Team. Cystic fibrosis (CF) is an inherited disorder characterized by chronic lung problems.

The MGH CF runners range in age from 10 to 35 years old and will each run between one and eight miles of the race. MGH physicians, nurses, and physical therapists will ensure each runner's safety by monitoring them during and after their portion of the relay.

Save Parking Spaces for Patients and Visitors During Garage Repair

Last month Parking and Commuter Services began the first stage of a two-phase, two-year program to repair the front parking garages. As a result, more than 100 parking spaces are temporarily unavailable.

John Nolan, director of Parking and Commuter Services, said every effort is being made to avoid any inconvenience the repairs may cause patients, visitors, and staff. In order to achieve this, he asks that MGH employees who park in either garage reserve the first, second, and third levels for patients and visitors so they can find spaces and later exit the garages more quickly.

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Massachusetts General Hospital
Merrimac St., 4th Floor
Extension 2206

MGH HOTLINE UPDATE

April 22, 1994

Employees and their parents

While many people are familiar with the complexities of the nation's child care dilemma — whether through personal experience or by observing friends and co-workers — fewer are familiar with the intricacies of eldercare. Yet the segment of the U.S. population that is over age 85 is the fastest increasing in numbers.

Much as the standard for child care has changed from the decades-old assumption that "mom stays home and cares for the children" toward an array of other options, so too has eldercare been evolving. With families often spread out geographically, a higher likelihood that both men and women in families are working, and the demographic [illegible] toward an older society, dealing with eldercare promises to become a formidable challenge for both employees and their employers.

"Caring for our parents is one of the unique equalizers," says the Employee Assistance Program's Sharon Badgett-Lichten, LICSW. "It cuts across all socioeconomic and professional levels."

A variety of eldercare options currently exist, including: nursing homes, adult day care centers, and home health care services. Sorting through what makes sense in individual situations is complex enough. When legal and insurance questions are added to that task, it can become overwhelming.

Over the past several years, the EAP has seen a continuous increase in the number of questions from employees and staff about caring for parents or other elderly people in their lives. To help answer questions and address concerns, the EAP is again offering a four-part seminar series entitled *Employees Have Parents Too!* The second session, "Eldercare and Medicaid: Financial and Legal Issues," is next Friday, April 29, from [illegible]5 am to 1 pm in the Wellman 1 Conference Room.

"When I first saw the flier this past fall, my mother had just had a stroke and was in the hospital," says Kelly Michaud, Development Officer. "She had been living in her own home by herself but we didn't know what was going to happen next. I knew I needed more information, so I attended the *Employees Have Parents Too!* seminars. They were very encouraging and directed me to resources in my town." With the EAP's help, Ms. Michaud arranged for her mother to be placed temporarily in a nursing home rehabilitation center and then moved back into her own home with home health care services.

Another quagmire for those facing eldercare issues involves Medicaid. "There are a lot of misconceptions about the rules and laws about Medicaid, and it is critical that people separate fact from fiction," says attorney David Chused of Boston-based Elderlaw Services, next Friday's guest lecturer. "The misunderstandings have created some panic, so we want to provide people with more information so they will worry less and plan more." Mr. Chused will speak about planning for long-term nursing home care, preserving assets, and qualifying for Medicaid. This session will include a general overview of the subject, some information handouts, and a brief question-and-answer period.

According to Mr. Chused, it is never too early to start planning for possible future situations, and if there is a likelihood that nursing home care might be needed within the next five years, it is important to understand the qualifying factors for Medicaid.

Future EAP-sponsored eldercare information sessions include: "Home Health Care/ Alternatives for Home and Community Care for Elders," May 20; and "Nursing Home Care/When One is Needed and How to Locate It," June 3. All sessions are free and held from 11:45 to 1 pm in the Wellman 1 Conference Room. The first session of the series, "Understanding Medicare and Medigap," was held in March.

For more information about eldercare, contact the EAP at 6-6976.

New Associate General Director/Chief Information Officer on Board

Samuel A. Miller recently joined MGH's senior administrative team as Associate General Director and Chief Information Officer. His primary responsibilities involve overseeing the institution's computer operations.

Mr. Miller, who began at the MGH March 1, comes from Chedoke-McMaster Hospitals in Hamilton, Ontario, where he had served as Vice President for Professional and Support Services since 1987. Concurrently he served as Associate Professor in the Department of Pathology in the Faculty of Health Sciences at McMaster University.

Mr. Miller obtained a master of science degree in Computer Science and Systems Engineering from the University of Arizona in 1968. He then went to work for Canada's Department of National Defense as an Engineering Manager and worked his way up through the organization to the position of Comptroller of Air Command, which he held from 1981 to 1983. He then served as the Director of Information Services at the Health Sciences Centre in Winnipeg, Manitoba, from 1983 to 1987.

A more in-depth look at Mr. Miller's first months at the MGH and his thoughts on the key role information services will play in the future of the MGH will appear in a future *Hotline*.

What's Happening

Emergency Room Open House
The Emergency Department will host an open house for all staff and employees Monday, April 25, from 1 to 4 pm.

A little more than three years ago, the ED embarked on a three-phase space improvement project. The first phase was an expansion of the ED to the first floor of Ellison. The second phase was the renovation of part of the existing ED on White 1. That renovation is now complete, and the open house is a chance for employees and staff to see the renovated reception, triage, registration, and minor surgical treatment areas before they are opened to patients next week.

Once the newly renovated White 1 space is up and running, on or around April 27, the third phase of the project will begin, renovating the remaining White 1 section.

National Secretary's Week - April 25-29
The "Challenge of Change" is the theme of this year's celebration, designed to "help secretaries cope with the changes in health care reform, changes at the MGH, and changes in their busy lives," according to the planning committee. Events and presentations are scheduled throughout the week to make it easier for secretaries to participate in at least one event. For the first time, presentations will be held at both the main campus and at CNY.

The highlights of the week will be on Wednesday, April 27, National Secretaries Day. The Department of Dietetics will host a special buffet table between 10 am and 2 pm, in Walcott Room 3. The table will feature samples and demonstrations of their offerings for party, luncheon, reception, and coffee service. Also on Wednesday is a raffle at 10 am. More than 70 prizes will be given out this year, and secretaries are invited to drop their raffle tickets in the box in the White 1 Administration Office or fax them to 6-6700. Look for posters with scheduling details throughout the hospital, or call 6-8626 for more information on all events.

Take Our Daughters to Work
Current projections show that by the 21st century, two-thirds of the new positions in the workforce will be filled by women. To help prepare, the MGH will participate in the "Take Our Daughters to Work" day April 28.

"Our economic future, as a nation, depends on the women of tomorrow," says Director of Diversity Barbara Holland. "While the hospital realizes its responsibility to celebrate its diversity, the major focus of this day is on exposing girls to careers."

The program, spearheaded by the Ms. Foundation for Women, gained national attention in 1993, its first year. It is designed to expose girls between the ages of 9 and 13 to a variety of work situations and encourage them to explore a wide range of careers.

MGH employees who are interested in participating are encouraged to check with their supervisors to make sure it would be appropriate to bring an "assistant" (daughter, granddaughter, niece, neighbor, etc.) to work. They are encouraged to plan the day in a way that girls can help out, participate, and learn.

There will also be an informal reception between 11 am and 2 pm in the WACC lobby for visitors and their accompanying adults. Young guests will receive a small gift from the MGH. Photo buttons and key-chains will be on sale for those who would like a more personal memento of the day.

To find out more about participating, contact Barbara Holland at 6-5741.

Mind-body Medicine Group
As part of the Mind-body Medicine Group's monthly lecture and presentation series, Jeff Smith, LICSW, Employee Assistance Program, will speak on hypnosis April 29, from 1 to 2:30 pm in Walcott 2. The series' topics generally relate to alternative therapies, research studies on mind-body interactic general health, nutrition, stress, psycho-neuroimmunology, and psychological and nonpharmacologic approaches to illness and medical conditions.

For further information, or to be added to the mailing list, contact Maureen Spencer, RN, MEd, Director of the Infection Control Unit and a Yoga and meditation instructor, at 6-2036.

Nutrition for Vegetarians
For those who want to begin a vegetarian diet or learn more about healthful vegetarian options, the Department of Dietetics is offering a session about the important balances necessary to assure healthy eating. "Vegetarian Nutrition I: Transition to Vegetarianism" is May 12, from 6 to 7:15 pm. The class provides information through lecture and includes a take-home folder of handouts. There is a $15 fee and the deadline for registration is May 5. Call 6-2779 for more information.

Language Study
The Neurolinguistics Laboratory seeks 7- 19-month-old male infants and male or female 4-year-old children with no known history of language delays to participate in a longitudinal study of language development. Call Jenny at 6-3952 for more information.

MGH and McLean Mental Health Experts Recognized

The MGH and McLean Hospital were well represented in Good *Housekeeping's* "327 Best Mental Health Experts," listed in the February issue. The magazine compiled the list based on recommendations from more than 300 psychiatrists and psychologists from across the country. The ranking is limited to psychiatrists and psychologists.

MGH

Eating Disorders
David B. Herzog, MD

Depression
Jerrold F. Rosenbaum, MD

Schizophrenia
Ross Baldessarini, MD,

Geriatric Psychiatry
Joseph T. Coyle, MD
Michael A. Jenike, MD

Anxiety Disorders
Lee Baer, PhD
Michael A. Jenike, MD
Jerrold F. Rosenbaum, MD

Childhood and Adolescent Disorders
Joseph Beiderman, MD
Joseph T. Coyle, MD
David B. Herzog, MD
Michael Jellinek, MD

McLean Hospital

Eating Disorders
Harrison Pope, MD

Personality Disorders
John Gunderson, MD

Depression and Schizophrenia
Jonathan Cole, MD

Anxiety Disorders
Gail Steketee, PhD

Childhood and Adolescent Disorders
Charles Popper, MD

Substance Abuse
Jack Mendelson, MD
Roger Weiss, MD

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[illegible] Merrimac St., 4th Floor
Extension 6-2206

MGH HOTLINE UPDATE

April 29, 1994

MGH to proceed with new proton beam center

On Tuesday, April 26, the MGH signed two contracts to proceed with construction of the Northeast Proton Therapy Center, which will be built on a section of the parking lot at the former Charles Street Jail. The major contractors are Bechtel Corporation, for design and construction of the building, and Ion Beam Applications of Belgium, for design and construction of the proton beam equipment.

For more than 30 years, the MGH has pioneered clinical research into the application of proton beams in the treatment of a variety of malignant tumors at several sites and blood vessel abnormalities in the brain. The work has been conducted at the Harvard Cyclotron Laboratory in Cambridge, built in 1948 as a physics research facility. The limitations of this site, the growing demand and potential for proton beam therapy, and the need for new research require an up-to-date facility with more comprehensive capabilities.

The goal of proton beam therapy is better tumor control with fewer adverse side effects than with conventional radiation therapy *(see box)*. The existing facility is used by MGH physicians in the departments of Radiation Oncology and Neurosurgery, as well as ophthalmologists from Mass. Eye and Ear Infirmary.

"This is the kind of service that can be offered only at a major teaching and research hospital like the MGH," says J. Robert Buchanan, MD, MGH General Director. "Making the kind of financial commitment required to build such a project is risky, but with high risks come high rewards."

Herman Suit, MD, Chief of Radiation Oncology, says, "the exciting results we have seen so far with proton beam therapy, and the promise of future applications, make [illegible]ery optimistic about this technique. The new facility will enhance our ability to help patients and conduct research into new treatments for cancer and other diseases."

The story of one MGH patient, 35-year-old artist Sandi Gold, was featured on the April 9 edition of the ABC program "20/20." Ms. Gold had been told that her brain tumor was untreatable and could kill her at any time. She came to the MGH and was successfully treated with proton therapy.

To demonstrate her view that life, although transient, is still meaningful, Ms. Gold created a 60-foot mural in the Westerly, RI, library and invited the public to view it for one month. She then erased the work. Proceeds from sales of full-sized Polaroid replicas of part of the mural are going to a fund benefiting MGH patients who need help paying for proton therapy.

The new center will serve as a resource for patients throughout the region, and five affiliation agreements with centers in New England and New York are already in place. The facility will open in 1998. By the year 2010, it is expected to deliver 16,000 treatments to about 1,000 patients annually. At least half of the treatments will be provided as part of research studies designed to improve the therapy and test its effectiveness on other types of cancer.

The Northeast Proton Therapy Center will be only the second hospital-based facility in the world. The other, at Loma Linda University Medical Center in California, was developed with the assistance of MGH staff and opened in 1991.

The project will cost a total of $46.1 million. Over the past three years the National Cancer Institute (NCI) has contributed $6.1 million for the initial planning and design of the building and equipment. The NCI has given another $7 million this year as part of the $26 million total it will contribute. The *(Continued on reverse)*

About proton beam therapy

Created in a cyclotron, a machine that accelerates subatomic particles, a proton beam delivers highly energized particles to a precisely determined site. In contrast to x rays, which pass completely through the body, the proton beam travels only a limited distance and releases its energy in a small area. Since the dose can be better concentrated in the target than with traditional radiation, more intense doses can be used without damaging normal cells, resulting in higher cure rates for some conditions.

Proton beam therapy is most frequently used against tumors located near the surface and in such delicate areas as the eyes, brain, head, neck, and close to the spinal cord.

About the new facility

By incorporating knowledge gained in 30 years of research and clinical practice, the new site will offer several advantages:

- A higher energy beam will allow treatment of tumors at all body sites.
- New systems will enable the beam to rotate around the patient, in contrast with the current fixed, horizontal beam. This will allow patients to be placed in more comfortable, stable positions and allow more complex treatment plans.
- The new facility will have three treatment rooms, compared with only one available currently.
- With a location on the hospital campus, the new facility will be able to offer comprehensive medical and support services to make the entire process more comfortable and easier for patients.

What's Happening

Charlestown loves a healthy heart
The MGH Bunker Hill Health Center is sponsoring two upcoming activities spotlighting ways to prevent heart disease and improve heart health. Thursday, May 5, is "Prevention Day" at the Charlestown Navy Yard research facility. Free blood pressure, cholesterol, and glucose screenings will be available, along with hearing tests and various displays and demonstrations, from 11 am to 3 pm in the Atrium. Thursday, May 12, is the annual "Charlestown Loves a Healthy Heart" day at the Johnnie's Foodmaster in the Bunker Hill Mall. Screenings and information will be available to all community residents from 11 am to 7 pm. For more information, call 242-5704.

Bulfinch Temps celebrates anniversary
Next week marks the fifth anniversary of the Bulfinch Temporary Service. Originally established to provide temporary office support services to the MGH community, today Bulfinch Temps also provides skilled temporary employees in such areas as research, building service and maintenance, computer and financial support, nursing, and the allied health professions.

As part of the anniversary celebration, a 20-foot banner will be hung in the Charlestown Navy Yard Atrium, and a display highlighting the service's history will be mounted on the bulletin board opposite the General Store. On Monday, a new brochure and special gifts will be delivered to some of the supervisors who use Bulfinch Temps.

The 10 employees with the longest service will be honored at a luncheon Wednesday. They are Patrick Duffy (with the longest service, five years), Marjorie Bonnell, Sean Buckley, Mary Curcio, Michelle Disciullo, Rhonda Cox Goldman, Maureen Hennessy, Melinda Sweeney, Elizabeth Thorndike, and Patricia Tracy.

During the past five years, 778 Bulfinch Temps employees have taken regular status jobs at the MGH or its affiliates.

May is Better Speech and Hearing Month
Join the MGH Speech-Language Pathology Department throughout May in its celebration of Better Speech and Hearing Month. Department staff members will offer free hearing, voice, and speech screenings at two BHHC-sponsored events, Prevention Day on May 5 and "Charlestown Loves a Healthy Heart" on May 12 *(see information above)*. Screenings will also be available at hospital-sponsored health fairs at Charlestown Navy Yard on May 17 and the main campus on May 18. Educational information and screenings, including services for Spanish-speaking community members, will also be available at the Chelsea and Revere Health Centers. Information on dates and times will be posted.

On Friday, May 27, department members will give a presentation on childhood speech and language development from 12:15 to 1 pm in Walcott Room 2. Everyone is invited to attend, but preregistration is required. To register, or for more information on the month's activities, call Speech-Language Pathology at extension 6-2763.

MGH walks to fight hunger
It's not too late to join the MGH team at this Sunday's Walk for Hunger. Just stop by an information table today to sign up or call the Information Hotline at extension 6-6950. On the main campus, information tables will be in the East and General Cafeterias from 11:30 am to 1 pm. At Charlestown Navy Yard, sign up in the seventh floor Human Resources office between 8 am and 5 pm. The MGH is providing walkers with free T-shirts, parking, and some great prizes.

MGH *in the* News

April 25 - Dr. David Herzog of Psychiatry was interviewed by the ***Boston Globe*** regarding advertisers' use of anorexic-looking models to sell their products and its effect on the self-esteem of young women.

April 27 - Dr. John Siliski of Orthopaedic Surgery was interviewed by ***American Medical News*** regarding his plans to trim costs in his department by adapting a new procedure for knee replacement surgery.

Watch for new *Hotline* racks next week

A new distribution system for *Hotline* and *Hotline Update* will go into effect next week. On the main campus, the publications will be distributed through wall-mounted racks located in 30 high-traffic areas, including lobbies, near elevators, first-floor corridors, and outside cafeterias.

Direct deliveries to individual patient floors and offices on the main campus will be discontinued. At the Charlestown Navy Yard, copies will be distributed through departmental mailboxes. Direct delivery will be maintained at the health centers and off-campus medical offices for the time being.

Supplies will be replenished in the racks regularly, so employees and staff should feel free to pick up enough copies for their areas. For more information, contact Public Affairs at 6-2206.

— *Proton beam*

(Continued from Page 1)
MGH will raise $20 million to match the NCI funds.

Members of the MGH team managing the project are Michael Goitein, PhD, Project Director; Alfred Smith, PhD, Associate Project Director; Anne Levine, Administrative Director; Stan Darlacher, Construction Director; Jacob Flanz, Technical Director; and Susan Woods, Business Manager.

MGH HOTLINE

PLEASE RECYCLE

May 1994

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Hardware? Software? Samuel Miller's thoughts on information resources

Hardware, software, networks, phone connections, and wires are winding through the walls of the main campus, CNY, and satellite locations. Samuel A. Miller, the MGH's new Associate General Director and Chief Information Officer, joined the MGH senior administrative team March 1 to oversee all of the strands of this intricate information resources web.

"Information resources means different things to different people," says Mr. Miller. "Most people think of personal computers on desks or enormous pieces of equipment in a computer center. In fact, information resources really is a collection of many things that, when bound together, provide useful services."

An example of how information resources works is found in a physician's office. Physicians need access to patient information from many sources and across several disciplines. They may use a computerized library of medical information, and often they keep computerized patient and personal appointment schedules.

"The integration of all those tion resources is providing a good, stable, low-cost, enabling, and useful system and organizing it to serve different needs in a smooth, flowing manner. Information resources can be complicated because needs are so personalized."

Mr. Miller describes information resources as part of an organization's infrastructure. Much as plumbing and wiring are integral to keeping a physical structure working, information resources keeps an organization going by providing a flow of information.

"The current infrastructure at the MGH needs to be re-evaluated because in many ways it is more costly to operate than newer systems, and the software may not serve today's needs," says Mr. Miller. Software is the program or application a person uses, such as a word processing or database program, while hardware is the actual physical machinery, such as the computers.

"I want to engage nurses, doctors, researchers, and others to help create a better information environment," says Mr. Miller.

and reduce the costs of the "care and feeding of the big machines." In addition, some newer software will empower employees and staff, particularly doctors and nurses. "There are efficiencies to be gained through improved systems that will help the work process and providers to serve patients better. Eventually improvements in different areas will

(continued on page 2)

Samuel Miller

Knee replacements: A smoother pathway

Reducing costs while maintaining quality has been the driving force behind many recent efforts at the MGH.

Is it possible to reduce costs and maintain the top quality care on which the MGH is has built its reputation? Many believe that it is and that quality of care can actually be improved while reining in costs.

John Siliski, MD, Orthopedic Surgeon, and Joanne Empoliti, RN, Ortho-

systems involves software, hardware, and networks," says Mr. Miller. "The challenge of informa-

According to Mr. Miller, the MGH's system needs to be upgraded to provide better services

Dr. Warren Zapol is named new Anesthesia Service Chief

The new Chief of the MGH Anesthesia Service has pursued his interests in the respiratory system to some of the remotest spots in the world. And in the more familiar venues of the operating room and research lab, Warren M. Zapol, MD, has participated in discoveries that may revolutionize treatment of critically ill infants and adults.

Dr. Zapol succeeded Richard J. Kitz, MD, who has stepped down after 25 years as service chief. "Warren is a person of international reputation, an outstanding critical care physician who also does research that nobody else is doing," Dr. Kitz says. "He's perfect for the MGH. I'm overjoyed to have him as my successor."

Dr. Warren M. Zapol

The discipline of anesthesia involves much more than administering drugs that alleviate pain or render patients unconscious during a surgical procedure. Anesthesiologists control all of a patient's vital functions during an operation. Their expertise is called on in recovery rooms and intensive care units, where critically ill patients require precise monitoring and high-technology support.

Dr. Zapol explains that new drugs are giving anesthesiologists more flexibility and control than ever before. "There is a general trend to use more intravenous agents," he says. "With inhaled anesthetics there is a lag between when we turn off the gas and when we see a response in the patient. But we can turn some intravenous agents on and off and see patients' responses change almost instantly."

In addition to research into even better anesthetic drugs, Dr. Zapol will be focusing on improving efficiency in the operating room,
(continued on page 3)

pedic Clinical Nurse Specialist, are co-leading a quality improvement team that focuses on improving the procedure for total knee replacements. They have put into place a system that improves patient education and care, lowers lengths of stay, and contributes to cost savings.

Their methods and the success of the project are examined in the discussion below.

What made you first look into how total knee replacements were handled at the MGH?

JE: The Orthopaedic Quality Improvement Committee: Total Joint Replacement was established in September 1992 because of concerns about fragmented care and because we had one of the longest lengths of stay in the city for this procedure.

Why did you focus on this procedure?

JS: Total knee replacements represent a big percentage of orthopedic admissions. Patients undergoing this procedure are here for a relatively long stay, usually five or more days. They often require the services of many departments, such as Orthopaedics, Nursing, Physical Therapy, Occupational Therapy, Social Services, Anesthesia, and Admitting Services. In addition, these patients represent a relatively homogenous population, people in their late 50s or older, undergoing a similar procedure.

We knew the process wasn't working perfectly, and we wanted to make it run better for patients. We wanted to develop a system that could be used as a model for other areas, a prototype.

Can you describe the process you used to get started?

JS: First we had to sort out the problems, which was more difficult than it sounds because so many disciplines are involved. We began with brainstorming sessions with representatives from all of the areas involved in the care of patients undergoing a total knee replacement. The Clinical Practice Evaluation and Utilization Management Committee helped with support services and by providing a facilitator.

What came out of the brainstorming sessions?

JS: By combining the data we had with ideas generated at the brainstorming sessions, we directed our focus to several key areas. One area was patient satisfaction. We didn't have data on this and thought it was a key part of assessing the whole process. We felt that patient
(continued on page 4)

MGH surgeon Oliver Cope, MD, died April 30 at the age of 91, the day after the death of his wife, Alice. A staff member for more than 65 years, Dr. Cope was a pioneer in the treatment of burns, breast cancer, and endocrine disorders. A memorial service is planned for August. Look for a retrospective on Dr. Cope's career in a future Hotline.

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Merrimac St., 4th Floor
Extension 6-2206

MGH HOTLINE UPDATE

May 9, 1994

MEMORANDUM

TO: **The MGH Community**

FROM: **Samuel O. Thier, MD**
President-Designate

RE: **MGH Corporate Leadership Structure**

An MGH Executive Committee has been created. The committee will meet regularly and will be responsible for setting corporate strategy and achieving integration and coordination of the principal MGH companies providing health care under the overall direction of Partners HealthCare System, Inc.

The members of the committee will be the Chief Executive Officers of each of the principal MGH subsidiaries and the Corporate Vice Presidents of the MGH. Specifically, they are as follows:

MGH President and Chief Executive Officer-Designate — *Samuel O. Thier, MD*

MGH Executive Vice President and Chief Executive Officer-Designate of The General Hospital Corporation — *Richard R. Crater*

MGH Executive Vice President and Chief Executive Officer-Designate of The MGH Health Services Corporation, and Corporate Vice President for Facilities and Planning — *Vincent D. Cucchiara*

MGH Executive Vice President and Chief Executive Officer of The Spaulding Rehabilitation Hospital Corporation — *Manuel Lipson, MD*

MGH Executive Vice President and Chief Executive Officer of The MGH Institute of Health Professions, Inc. — *Patrick McCarthy*

MGH Executive Vice President and Chief Executive Officer of The McLean Hospital Corporation — *Steven M. Mirin, MD*

MGH Executive Vice President and Chief Executive Officer of the Massachusetts General Physician Organization — *Vacant*

General Counsel — *Ernest M. Haddad, Esq.*

Corporate Vice President for Information Systems — *Samuel A. Miller*

Corporate Vice President for Research and Technology — *Ronald S. Newbower, PhD*

Corporate Vice President for Development, Public, Community, and Government Affairs — *Allen Peckham*

Corporate Vice President for Finance — *Catherine J. Robbins*

Corporate Vice President for Patient Care — *Gail K. Weissman, EdD, RN*

A look within: Understanding the organization

Interpreting the new MGH leadership structure is a matter of understanding what is meant by "parent corporation" and "affiliated corporations" and the way in which the various pieces of the organization fit together. And the most logical place to begin is at the top, with Partners HealthCare System, Inc., the new parent corporation comprised of The Brigham Medical Center, Inc. and The Massachusetts General Hospital. As recently announced, H. Richard Nesson, MD, is chief executive officer, and Samuel O. Thier, MD, is president of Partners, working closely with a Board of Trustees comprised of trustees, senior administrators, and physicians from both institutions.

On May 23, Dr. Thier will also become president and chief executive officer of The Massachusetts General Hospital — the corporate entity to which the new leadership structure outlined in his memorandum refers.

Like Partners, The Massachusetts General Hospital is a parent corporation with its own Board of Trustees, operating several health care affiliated corporations, or subsidiaries. Each of these MGH subsidiaries has its own board of trustees. Significant crossover exists among board members of the parent and subsidiaries, ensuring consistency in governance across all corporate entities. The largest of the subsidiaries is The General Hospital Corporation, which oversees

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the main hospital facility on Fruit Street, as well as the MGH health centers in Charlestown, Chelsea, and Revere, and MGH East in the Charlestown Navy Yard.

Two other hospitals are also part of The Massachusetts General Hospital corporate family, each a separate subsidiary. The McLean Hospital Corporation operates the 249-bed psychiatric facility in Belmont, and The Spaulding Rehabilitation Hospital Corporation runs the 284-bed specialty rehabilitation hospital in Boston.

Other subsidiaries of The Massachusetts General Hospital are The MGH Institute of Health Professions, Inc., which conducts accredited degree-granting programs in several health professions, and The MGH Health Services Corporation, which operates a diagnostic imaging center, and is involved in joint ventures including a home therapy company, a continuing care retirement community, and a nursing home. Rounding out the affiliates is a physician organization to be formed. This organization will accomplish the effective merger of The MGH Professional Services Corporation and the Massachusetts General Physicians Corporation, providing a management structure for MGH professional staff.

While complicated at first glance, the MGH corporate structure has evolved to allow functions with similar or complementary objectives to be logically grouped together while meeting the myriad legal, regulatory, and accreditation requirements.

Dr. Oliver Cope, surgical innovator, early advocate of better breast-cancer treatment options, dies at 91

Oliver Cope, MD, an MGH staff member for more than 65 years, Professor of Surgery Emeritus at Harvard Medical School, and the first Chief of Staff of the Shriners Burns Institute, died April 30 in Woodsville, N.H., at 91. His death followed by one day that of his wife, Alice (DeNormandie) Cope, 84.

Dr. Cope's wide-ranging career was characterized by surgical innovation, dedication to his patients, and challenges to accepted medical practice. He wrote six books and published nearly 200 medical journal articles. His fields of expertise included experimental and surgical endocrinology, burn treatment, diseases of the breast, teaching, and psychosomatic illness.

Never afraid to express a controversial medical opinion, Dr. Cope developed a reputation as a man ahead of his time in medical thought.

Dr. Cope received his AB from Harvard in 1923 and his MD from Harvard Medical School in 1928. His seven-decade career at MGH began in 1928 when he became a surgical intern. He became Acting Chief of General Surgical Services in 1966, and Senior Surgeon in 1976. Dr. Cope, whose specialty was endocrine malfunctions, pioneered surgical treatments of diseases of the parathyroid glands. Many of those treatments are still in use today.

In the early 1940s, Dr. Cope began to devise simpler, improved burn treatments, and was closely involved in treating victims of Boston's infamous Cocoanut Grove fire in 1942. He helped develop a protocol that used petroleum jelly, wraps, and intravenous fluids instead of treating victims with tannic acid. The protocol was adopted by the United States military. In the years following World War II, Dr. Cope increasingly turned his attention to treating burned children and was instrumental in attracting the Shriners Burns Institute to Boston.

Beginning in the late 1960s, Dr. Cope devoted his time to improving the physical and emotional care of women with breast cancer. It was in this field especially that he became a vocal critic of the medical establishment. Beginning as early as the 1940s, Dr. Cope questioned the use of radical mastectomies, instead proposing lumpectomies combined with radiation and drug therapy.

In a 1967 article, Dr. Cope outlined his concerns about mastectomy. While a regional surgical society refused to publish it, the *Radcliffe Quarterly*, followed by *Vogue* and *Women's Day* did print the paper. In his 1977 book *The Breast: Its Problems Benign and Malignant and How to Deal with Them*, Cope argued for the psychological and physical well-being of women.

Oliver and Alice Cope leave a son, Robert DeNormandie Cope of Worcester, and Woodsville, N.H.; a daughter, Eliza Cope Harrison, of Lebanon, Penn.; and five grandchildren. A memorial service is planned for August. Contributions in the memory of Oliver and Alice Cope may be made to the Boston Foundation, One Boston Place, Boston, MA 02108.

This week is National Nurses Week

Friday was National Nurses Day and it marked the beginning of National Nurses Week, which runs from May 6 to May 12, the anniversary of the birth of Florence Nightingale.

"Now more than ever, we must celebrate the tremendous accomplishments that we as nurses have made, and proudly show our enthusiasm and commitment to the future advancement of nursing," says Gail Kuhn Weissman, EdD, RN, Chief Nurse Executive. Dr. Weissman will present "A Celebration of Nursing: Our Past, Our Reality, and Creating Our Future" tomorrow, May 10 at 3:30 pm in the Bigelow 4 Amphitheatre. The presentation will be broadcast on MGH-TV for nurses unable to attend.

Also planned is an update of the Department of Nursing professional achievements posted in the White 1 corridor. In addition, the Staff Nurse Advisory Committee is launching an effort to compile a pocket-sized guide to MGH resources. The guide will be available later this summer.

May 6 was designated National Nurses Day by a joint resolution of the United States Congress in 1982.

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Merrimac St., 4th Floor
Extension 6-2206

MGH HOTLINE UPDATE

May 16, 1994

An interview with Robert Scott: V. P. for Administration and Finance, Partners HealthCare System

Robert Scott is the newly appointed Vice President for Administration and Finance for Partners HealthCare System, Inc. He was recently interviewed on the immediate and long-term goals of the new system.

In the announcement of your appointment, your role was described as overseeing the "central activities and coordination" of the new system. What do you expect will be the central activities?

One of the first items on our agenda will be to develop an operating plan for the Partners HealthCare System and to assure that we have in place the policies and resources that will be needed to achieve our goals. We will be looking at ways to capitalize on our strengths as an affiliated institution and set new standards of excellence in academic health care. Together we will create a superior, integrated care delivery system, reduce costs, and retain the level of patient care needed for clinical teaching and research excellence.

What or who will guide the formulation of the plan?

The plan will be developed by senior staff in both institutions working together. It will be reviewed by the Operating Committee and, ultimately, approved by the Partners Board of Trustees. My objective will be to help the boards, the administration, and the physicians organize the activities of the system around the plan in order to derive maximum benefit from the affiliation.

How do you maintain quality across three broad missions — patient care, teaching, and research — while at the same time reducing costs?

We must continue to make a clear and unequivocal commitment to quality. Any actions that we take as part of the affiliation must be guided by that commitment. We do expect to achieve economies of scale in administration and ultimately in clinical activities as a result of the affiliation. We will also need to learn from one another. Each hospital does some things better or less expensively that it can teach the other. And finally, together we will need to take the best practices we can find in the industry and apply them to our own operations.

Frankly, we simply don't have any choice about whether or not to reduce costs. We won't survive in the changing health care environment unless we reduce our costs. Our mission has always been to provide the highest quality clinical care, education, and research. The challenge before us now is how to achieve these objectives with far fewer resources.

What are the most important things to consider before making changes that will bring the two institutions together?

First, it is important to recognize that each of these great institutions has a history and a culture that must be respected. Second, we must be very clear about what we are trying to accomplish in

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Patients and staff settle into reshaped inpatient units

The bed consolidations announced in the March 25 *Hotline Update* have been completed. Although these changes resulted in a 26-bed reduction, all staff associated with those units have either retained their positions or been assigned to other units.

The process began April 14, when 16 private general surgery patients were moved from White 11 to White 7; April 26, 24 medical patients were transferred from Ellison 16 to White 11. May 5, 17 pediatric patients from Ellison 13 and Ellison 19 were moved to Ellison 16. And May 9, 11 transplant unit patients were moved from Founders House 8 to Ellison 19, representing the closing of the last inpatient unit in Founders.

Renovations to meet the needs of each unit included a redesign of the White 11 nurses station, relocating patient closets on Ellison 16 to make room for sleep chairs, and installing air-filtration systems for transplant patients on Ellison 19. Cardiac monitoring systems were also installed on Ellison 16 and 19.

"Collaboration and cooperation were at an all-time high to ensure that the move was carried out safely and to the satisfaction of patients and their families," says Theresa Gallivan, RN, of Nursing Support Services, who helped facilitate the moves with Peter Chingos of Nursing Support Services. Ms. Gallivan cited the assistance of the Planning Office, Building and Grounds, Environmental Services, and Biomedical Engineering in helping the move come off smoothly.

All Children's Service beds are now located on Ellison 16 (school-aged children and adolescents) and Ellison 17 (infants and preschoolers).

— *An interview with Robert Scott*

(Continued from front)

bringing them together, and we must stay focused on achieving those goals. Also, we need to make sure we learn to walk before we start to run.

From what you've seen here so far, what represents the most exciting opportunity and, conversely, what looks like it will present the most formidable challenges?

The greatest opportunity lies in identifying and using the knowledge and suggestions of the people I've met at both hospitals. They are tremendously intelligent, creative, and hard working. I couldn't imagine a more formidable and impressive group of people to work with. Our challenge is to bring two large organizations together in a way that reinforces the cultures and identities that have made them great while, at the same time, creating a single organization that can respond effectively in the rapidly changing health care environment.

In General

David Borsook, MD, PhD, neurologist, has been named Director of the MGH Pain Center, a collaborative program involving the Departments of Anesthesia and Neurology. Dr. Borsook is a graduate of the University of Witwatersrand in Johannesburg, South Africa, was a resident at two South African hospitals and at Boston City Hospital, and completed clinical and research fellowships at Brigham and Women's Hospital and the MGH. He succeeds Daniel A. Carr, MD, who has become the Saltonstall Professor of Pain Research at New England Medical Center.

Nicholas T. Zervas, MD, Chief of the Neurosurgical Service, has been named President of the Boston Symphony Orchestra (BSO). He was elected to a three-year, renewable term early in March. An Overseer of the BSO for several years, Dr. Zervas became a Trustee in 1988 and Vice Chairman in 1992.

Taking on what his predecessor has called "the best volunteer job in the city of Boston" represents a culmination of Dr. Zervas's lengthy involvement with the Boston arts community.

MGH *in the* News

Program to watch for

Several MGH staff members will be featured on NBC's *Today* show Wednesday, May 18, in a segment about advanced imaging techniques. The segment will show how MRI and PET scans are combined to produce three-dimensional "maps" of the brain and heart. Among those interviewed about these techniques, which are used to plan and guide surgery, were Thomas J. Brady, MD, Director of the MGH-NMR Center; Bradley R. Buchbinder, MD, neuroradiologist; G. Rees Cosgrove, MD, neurosurgeon; Howard Kantor, MD, cardiologist; and Terry Campbell, radiation technician.

What's Happening

How much does your commute pollute? Find the answers at a two-day information fair

Parking and Commuter Services and Employee Health are sponsoring a two-day information fair addressing transportation issues and their ecological impact. "The Environment, Your Health, and Your Commute" will take place in the CNY Atrium Tuesday, May 17, from 11 am to 3 pm and under the Bulfinch tent on the main campus Wednesday, May 18, from 10 am to 4 pm.

A highlight of the event will be a raffle for prizes that include two AMTRAK tickets to New York, an overnight stay for two at the Marriott Long Wharf, and two MBTA passes. To register for the raffle, complete one of the Ridesource registration cards that were distributed in paychecks this week. (Cards are also available from Commuter Services in Ruth Sleeper Hall and in the Parking Office.) Completed cards (one per person please) can be returned to Commuter Services RSH2, or dropped off at the Fruit Street Garage or the CNY Security Desk. For more information, call Commuter Services at 4-6588.

Revere program to address violence

The MGH-Revere Health Associates will present "Violence and You: How to Avoid Being a Victim" Wednesday, May 18, 6 to 8 pm at Revere City Hall. The panel discussion will address such issues as workplace violence, family violence, and personal protection. For information, call Bernice MacIntyre at 284-0064.

What's that hole in the Bulfinch lawn?

As described in the March 11 *Hotline Update*, construction has begun on a new underground radioactive waste storage room that will be located beneath the Bulfinch lawn. Replacing the existing storage facility in the service building adjacent to Bartlett Extension, the new room will offer enhanced safety features. The new facility will primarily store low-level, short-lived waste materials until their radioactivity decreases to safe levels, a process taking several months. The excavation in front of the Treadwell Library should be finished and the lawn resodded by June 30. The storage facility should be complete and ready for use by mid-July.

Is your blood cholesterol level above 240 mg/dl?

Would you like to know how your cholesterol level is affected by what you eat? The Department of Dietetics would. That is why the department is seeking subjects with blood cholesterol levels above 240 mg/dl to participate in a research study regarding the effects of diet on blood cholesterol levels. Call Sue Resler, RD, at 6-2520 for more information.

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MGH HOTLINE UPDATE

May 20, 1994

Patient care restructuring project announced

BUZZWORDS: patient focused care and patient care restructuring. What do these phrases mean? A combination of health care reform and quality improvement efforts are changing the way the MGH does business, and these buzzwords have become ways of summarizing some of the changes and reflecting the direction of change.

The MGH has begun a Patient Care Restructuring Project that will focus on improving the systems, processes, and staff that support and provide the delivery of care to patients. This summer two restructuring projects will be piloted on Bigelow 6, Orthopædics, and Bigelow 7, General Medicine, to enable the team to design, implement, and evaluate restructuring ideas. The project team anticipates the MGH-wide roll-out of patient care restructuring in early 1995.

According to project leader Gail Kuhn Weissman, EdD, RN, Senior Vice President for Patient Care and Chief Nurse Executive: "By creating a seamless, patient-friendly health care delivery system, this initiative is intended to improve the quality of service to our patients, and to improve outcomes, patient, staff, and employee satisfaction, and the cost competitiveness of the MGH."

In its beginning stages, the project will establish several task forces to provide advice and assist with the restructuring efforts. A communications task force has been created and other task forces to address issues such as the multi-skilled worker, evaluation, and roll-out, will be chartered shortly.

"We will be establishing these task forces for two main reasons," says Dr. Weissman. "We want to unleash the creative energy, expertise, and experience of the MGH work force and enable broad input into restructuring decisions by the project team."

The project team has begun gathering information, in part through conferences and by visiting other hospitals, in Connecticut, Tennessee, and California. Key components of a patient-focused model have emerged: cross-training staff to provide up to 90 percent of required patient services; flattening the management structure to empower staff; moving services closer to the patients; grouping similar patient populations together; assigning ancillary personnel to each unit; organizing staff into work teams comprised of various care partners; creating customized "critical pathways" for management of care; and simplifying documentation.

"We will look at ways to improve the quality of patient care by looking at patients' needs and expectations," says Dr. Weissman. "Members of the project team welcome all comments, suggestions, and concerns, and look forward to working closely with the MGH community on this vital undertaking."

The Patient Care Restructuring Project is being sponsored by senior administrative and clinical leadership through the Continuous Improvement Steering Committee (CISC). The project team, chaired by Dr. Weissman, has been established as a subcommittee of the CISC. Project team members are: Lloyd Axelrod, MD, Medical Services; Barbara Bauman, RN, Nursing; Evelyn Bonander, MSW, Social Services; Eileen Budri, RN, Nursing; Martha Byington, Administration; Ed Coakley, RN, Nursing; Marianne Ditomassi, RN, Nursing; Phil Geissinger, Fiscal Affairs; Stephen Kauffman, Administration; Brenda Miller, RN, Nursing; Richard Montgomery, Human Resources; Ann Prestipino, Administration; John Siliski, MD, Orthopædics; and Peter Slavin, MD, Administration.

MGH and BWH refuse research funds from tobacco industry

BOTH THE MGH and Brigham and Women's Hospital have announced that they will no longer accept new research support from two tobacco industry-supported foundations. The policy is in keeping with the increased focus of both hospitals on preventive medicine, their concerns about the harmful effects of tobacco products, and worries that accepting funds from the tobacco industry might cloud the connection between smoking and health problems.

Discussions about tobacco funding were initiated by several MGH researchers who were concerned that research sponsored by the Council for Tobacco Research-USA, Inc. (CTR) and the Smokeless Tobacco Research Council (STRC) was being used to bolster the tobacco industry's claim that links between tobacco and disease remain unproven. According to Ronald S. Newbower, PhD, MGH Corporate Vice President for Research and Technology, scientific understanding about the harm caused by the use of tobacco products has become very clear in the past four decades.

"It is a great concern to us that the tobacco industry has been using the very existence of its research funding through the CTR to imply that doubt remains," Dr. Newbower says. "The MGH research leadership and Board of Trustees are taking this stand to reinforce our emphasis on health and well-being and to ensure that we do not lend credibility to the public relations efforts of the tobacco industry."

As part of the new policy, effective in April, both hospitals stopped submitting proposals for new independent research support from the CTR and the STRC. Beginning July 1, the hospitals will refuse to accept any support from these sources for new independent research projects. As of January 1, 1996, the hospitals will refuse to accept all support from these sources.

William Terry, MD, Senior Vice Presi-

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— Tobacco industry funds refused

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dent of Research and Ventures at BWH says, "Smoking is a proven cause of disease. Too often, the tobacco industry parlays its association with hospitals and scientists in a way that seeks to mask this scientific fact. BWH is proud to join the MGH in supporting this policy, particularly because it may help to end this masquerade."

In 1993, the MGH appointed a diverse group of researchers — including several current or former recipients of support from the foundations — to examine the policy of accepting funds from the CTR and STRC. The committee presented its findings to the faculty committee that reviews all MGH grant proposals. The faculty committee then drafted a policy that was adopted by both hospitals.

Mary Vermeulen, PhD, Chair of the MGH task force conducting the initial review, says that all sides of the issue were carefully explored and fully discussed. "We were particularly concerned with potential affronts to the principle of academic freedom, as well as the more direct effects on individual careers from the loss of research funds. After review, however, we felt that our acceptance of funds from the CTR contributes to the effectiveness of the tobacco industry lobbying and runs counter to our mission." Neither hospital currently receives funds from the STRC.

Lee Kaplan, MD, PhD, Chairman of the MGH Grant Review Committee, says that the committee weighed the potential health benefits of research sponsored by the CTR, the benefits to the tobacco industry from its sponsorship, issues of academic freedom, and the impact of the policy in the face of diminishing support for biomedical research nationally. "On balance, we felt that the hospital's efforts to prevent tobacco-related illness would be best served if we stopped taking money from these tobacco industry-directed sources. I am delighted that the leadership of both the MGH and BWH agreed."

Over the past 30 years, both hospitals have taken a variety of measures to limit the use of tobacco products at their institutions. In 1967, MGH banned the sale of tobacco products in all its buildings. The MGH made its facilities smoke-free in 1990; BWH becam smoke-free environment in 1991. Both have established extensive programs to help patients, employees, and members of the local community quit smoking and have promoted local campaigns to prevent people from starting.

Both hospitals will work closely with investigators who have been supported by the CTR to ensure that the policy change will not interfere with their research studies or their professional development. The current CTR grants will be allowed to continue to their planned expiration dates. Afterwards, the research will continue with funds from other sources.

The MGH and BWH are the first hospitals in the Boston area to adopt a policy refusing tobacco industry funding for biomedical research. Their actions parallel the recent recommendations of the American Medical Association discouraging medical schools and their parent universities from accepting such funding.

What's Happening

AIDS Quilt Dedication

The MGH AIDS Educational Task Force will host a dedication program for the panels of the Names Project Quilt that have been created by MGHers, Monday, May 23, 1 to 2 pm, under the Bulfinch Tent. The panels will be officially turned over to the International Names Project.

Cancer Discussion

The Friends of the MGH Cancer Center and the MGH Cancer Affairs Committee will present the fourth of their DIALOGUES on Wednesday, May 25, at 6 pm in the Walcott Conference Rooms. The topic will be "Overcoming Disabilities of Cancer Treatment." Henry Mankin, MD, Chief of Orthopædics, will moderate a panel of experts and patients. Everyone is welcome and reservations are suggested. For more information call 6-1063.

Bedded Outpatient Program

This general overview and discussion session is designed for *all* MGH employees and staff who are involved in the care of bedded outpatients. It will be offered Wednesday, May 25, 1 to 2 pm and 2:30 to 3:30 pm in the Walcott Rooms, and Monday June 13, 8 to 9 am, 9:30 to 10:30 am, and 11:30 am to 12:30 pm, in the Wellman Conference Rooms. For more information contact Amanda Bulette, RN, 6-5334.

Speech-Language Pathology presentation

May is Better Speech and Hearing Month and the Department of Speech-Language Pathology will host a presentation Friday, May 27, 12:15 to 1 pm in Walcott Room 2. To register call 6-2763. The presentation will include an overview of speech and language development and will address adult and childhood development and communication disorders.

Recent speakers

Mary-Liz Bilodeau, RN, MS, CCRN, intensive care nurse, spoke on "Systemic Inflammatory Response Syndrome" at the annual Mud Season Nursing Symposium, held in Meredith, NH.

Grace Clancy, RN, CNS, pediatric nurse, spoke on breast-feeding at a conference on "Current Issues in Newborn Care," co-sponsored by Mt. Auburn Hospital, the Cambridge Hospital, and the MGH Neonatal Intensive Care Unit.

MGH *in the* News

May 8 - Linda Emanuel, MD, PhD, Department of Medicine, appeared on *New England Cable News'* "Talk of New England." The live interview program discussed the ethics of physician-assisted suicide.

May 16 - An interview with **David Hooper, MD,** Infectious Disease Unit, appeared in the "Sci-Tech" section of *The Boston Globe* on antibiotic-resistant strains of bacteria.

May 19 - *ABC Evening News* aired an interview with **Daniel B. Kopans, MD,** Radiology Department, regarding the debate over the preferred age that women should begin having mammograms for the detection of early breast cancer.

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Extension 6-2206

MGH HOTLINE UPDATE

May 26, 1994

Management changes to meet the challenge ahead

A message from Richard Crater, CEO Designate

As we anticipate the many challenges that lie ahead, one thing is clear: The more we can work together and recognize the potential strength of our common purpose, the better chance we will have to turn an uncertain future into an opportunity to better serve our patients. I am confident this institution will remain strong because of the profound commitment and dedication of you, our employees and staff, who each day serve thousands of patients who come to us for help. In addition, we are fortunate to have an extraordinary senior management team, both medical and administrative, whose talent and vision will lead us forward.

To better consolidate related functions and to streamline management, I have made a number of changes to the hospital's leadership structure in anticipation of my assumption of the responsibilities of Chief Executive Officer of the General Hospital on July 1. These changes are designed to bring together the Chiefs and Directors of the clinical and research services and departments, the hospital-based services, the multidisciplinary clinical and research centers, and the administration to better coordinate our activities toward our common goals.

All Chiefs of clinical, research, and hospital-based services and departments and all Directors of major multidisciplinary clinical and research centers will report to the President of the MGH, Samuel O. Thier, MD, with respect to research and overall policy and management. For professional and academic matters, they will report to the CEO of the Physicians Organization. With respect to hospital management, they will report to me as CEO of the hospital.

I recognize that the clinical and research programs and multidisciplinary centers are the most important structural elements of the hospital as they best define our mission and are most visible to patients and payors. In keeping with this philosophy, the following Assistant General Directors are now Vice Presidents and will be responsible for planning, management, and operation of the clinical, training, and research programs of the services, departments, and centers under the direction of the Chiefs, effective immediately.

William R. Baker
Vice President for Women's and Children's Services

Jane L. Holtz
Vice President for Neurosciences

Ann L. Prestipino
Vice President for Surgical Services and the Cancer Center

Kathleen E. Walsh
Vice President for Medical Services and Primary Care

In addition, the following administrators will report directly to the Chiefs of hospital-based services:

Maryanne Spicer
Administrator for Radiology and Radiation Oncology

Vacant
Administrator for Pathology

The following individuals will report directly to me as the CEO of the hospital. Individuals and units reporting to each are listed in parentheses.

Wilfred G. Davis
Senior Vice President for Human Resources and Continuous Improvement
(Human Resource Directors)

Ernest M. Haddad, Esq.
General Counsel
(Legal staff and Corporate Compliance Director)

Michael Jellinek, MD
Senior Vice President for Ambulatory Services
(Ambulatory Care Division Operations staff)

Samuel A. Miller
Senior Vice President for Operations and Chief Information Officer
(Vice Presidents and Directors in the areas of Information Systems, Communications, Medical Records, Library, Buildings and Grounds, Facilities Engineering, Environmental Services, Dietary Services, Materials Management, Parking, and Security)

Ronald S. Newbower, PhD
Senior Vice President for Research and Technology
(Vice Presidents and Directors in the areas of Research Administration, Clinical Research Support, Research Facilities, Technology Transfer and Industry-Sponsored Research, Animal Resources, and Biomedical Engineering)

Allen Peckham
Senior Vice President for Development and Public Affairs
(Directors of Development, Public Affairs, Community Affairs, and Government Affairs)

Catherine J. Robbins
Senior Vice President for Administration and Chief Financial Officer
(Vice Presidents and Directors in the areas of Finance, Managed Care and Marketing, Financial Planning, Admitting and Practice Support, Facility Planning, and Construction)

(More on reverse)

What's Happening

An end to conference confusion
June 1 will mark the end of conference confusion. The MGH Conference Line will be available to communicate information about conferences at the MGH and its affiliates. Here's how it works: When a person books a conference, he or she calls 4-CONF (2663) to reach a voice mailbox that allows information about the conference (time, date, location, etc.) to be recorded. This data will then be available to the White Information Desk, which will maintain a calendar of all scheduled conferences to appropriately direct conference attendees.

Walk will benefit AIDS prevention and care
From All Walks of Life, the 1994 pledge walk to benefit AIDS prevention and care, will be Sunday, June 5. MGH is a corporate sponsor of this year's walk. To join the MGH team, pick up a pledge sheet in the WACC Lobby, at the Human Resources office on the seventh floor of Building 149, or in administration offices of the health centers. Bring the pledge sheet and money collected (cash or check payable to AIDS Action) to one of the following: WACC Lobby, Thursday, 1 - 2 pm and Friday, 1 - 4 pm; CNY - Center Lobby, Friday, 11 am - 1 pm; Chelsea Health Center, Annex, Friday, 9 am.

Make sure the pledge sheet has Walk Team #4 written on it. MGH Walk T-shirts will be available at preregistration sites. The MGH team will meet at 8 am on the Boston Common at the team walk tent for a group photo. Last minute registration is possible at the Common or in the White Lobby until 8 am Sunday.

Histocompatibility Lab moves
The Histocompatibility (tissue typing) Laboratory has moved from Jackson 2 to newly renovated areas on Gray 5 and White 5. The main office is now in White 544 and the main lab is in Gray/Bigelow 549. Samples should be left at the chemistry specimen receiving window on Gray 5. The lab's phone number remains the same (ext. 6-3722) but the fax number has changed to 4-3331.

Group for parents of adults with AIDS
The Infectious Disease Unit and the Social Service Department are sponsoring a support group for parents of adults living with AIDS. The group will be free of charge and will begin at 5:45 pm to accommodate working parents. The group will help parents cope with the complex issues arising from an AIDS diagnosis. For more information, please call Sandy McLaughlin (ext. 4-0050); Rebecca Murphy (ext. 6-8180); or Beth Glick (ext. 6-1045).

Nursing home care seminar
Barbara Moskowitz, MSW, of the MGH Department of Social Service, will lead a seminar on nursing home care Friday, June 3 in the Wellman Conference Room from 11:45 am - 1 pm. The seminar will address issues related to moving an elder into a nursing home and locating an appropriate home once that decision has been made.

— Management Changes

Peter Slavin, MD, MBA
Senior Vice President and Chief Medical Officer
(Directors of Pharmacy, Clinical Practice Evaluation and Management, Infection Control, Minority Health Professions, and the Registrar)

Gail Kuhn Weissman, EdD, RN
Senior Vice President for Patient Care and Chief Nurse Executive
(Chiefs of Nursing, Nursing Support, and elements of departments related to direct patient care that are restructured pursuant to patient care restructuring)

George P. Baker Jr., MD, will take on the role of Vice President for Professional Relations, and will assist Dr. Slavin with a variety of clinical matters with a focus on quality-of-care issues.

Vincent D. Cucchiara will become CEO of The MGH Health Services Corporation and Corporate Vice President for Facilities and Planning. His role regarding space and facilities will be assumed by Catherine J. Robbins.

I also want to let you know that I have received the resignations of the following senior hospital administrators: Martha E. Byington, Stephen H. Kauffman, and Thomas E. Rothwell, effective June 30; and Richard A. von Rueden, MD, effective May 31.

These four individuals have given many years of steadfast and loyal service to this hospital, and I know you will join with me in extending to them a deep appreciation for their contributions.

We are currently planning a series of employee and staff meetings to further discuss these changes and other issues. Watch for details in future *Hotline Updates*.

Chiefs and Directors

W. Gerald Austen, MD
Chief of Surgery
Evelyn E. Bonander, ACSW
Director of Social Services
Edwin H. Cassem, MD
Chief of Psychiatry
Robert B. Colvin, MD
Chief of Pathology
Alasdair K.T. Conn, MD
Chief of Emergency Services
Patricia Donahoe, MD
Chief of Pediatric Surgery
Gerald D. Fischbach, MD
Chief of Neurobiology
Howard M. Goodman, PhD
Chief of Molecular Biology
Kurt J. Isselbacher, MD
Director of the Cancer Center
Leonard D. Kaban, DMD, MD
Chief of Oral and Maxillofacial Surgery
Henry J. Mankin, MD
Chief of Orthopædics
W. Scott McDougal, MD
Chief of Urology
Donald N. Medearis Jr., MD
Chief of Pediatrics
Britain W. Nicholson, MD
Director of Primary Care
John A. Parrish, MD
Chief of Dermatology
John T. Potts, MD
Chief of Medicine
Isaac Schiff, MD
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Herman D. Suit, MD
Chief of Radiation Oncology
James H. Thrall, MD
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Anne B. Young, MD
Chief of Neurology
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PLEASE RECYCLE

MGH HOTLINE

June 1994

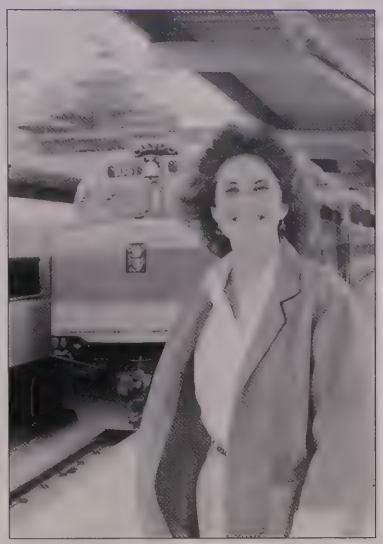
A publication of the
Development and Public Affairs Office
of Massachusetts General Hospital
101 Merrimac St., Fourth Floor, Extension 6-2206

MGH nurse helps engineer bring in the train

"Is anyone here a nurse?" the conductor asked passengers on an MBTA commuter train from Lowell one morning last month.

Susan Bardzik, RN, who works on Phillips 20, followed the conductor forward into the moving locomotive and found that the train's engineer had been injured by a large rock someone had thrown onto the train from an overpass. The rock had bounced into the engine's side window and ricocheted around the cabin, hitting the engineer in the face and chest.

Examining the engineer, who continued to drive the train, Ms. Bardzik found that his *(continued on page 2)*



Susan Bardzik, RN

Quickening the flow in Hematology

Above a work area in the Hematology laboratory on Gray 2 hangs a chart. The changing, zigzagging lines on the chart are a constant reminder to lab staff that efforts to improve the process for a common blood test are working. The Hematology super STAT PTT test project is one example of a hospital-wide effort to improve the quality of care delivered to patients while keeping costs down.

"The chart reminds us that those of us in the lab have a responsibility to shorten the turnaround times for super STAT PTT tests," says Karen Cornacchia, senior technologist in Hematology, who was part of a team that re-engineered the process for the test. PTT (partial thromboplastin time) tests are one of several important measures that gauge the ability of blood to clot. Rapid results are crucial to the coagulation management of patients who have undergone cardiac catheterization procedures.

"We are in control of what turnaround times are and therefore what that chart looks like," says Ms. Cornacchia. A visible manifestation of the quality improvement methods, the chart tracks and displays the results of the previous day's super STAT PTT work. Close monitoring ensures that any problems that might slow turnaround time are pinpointed and corrected quickly.

"A couple of years ago, Cardiology requested bedside PTT testing because physicians wanted faster test results," says Cyrus Hopkins, MD, chair of the Medical Quality Assurance Committee. "This was around the same time that the volume of PTT tests was increasing. The laboratory, however, expressed concerns about quality assurance with bedside testing, and Nursing wanted a lab solution," says Dr. Hopkins. "We needed to take a look at the whole process."

In August 1992, Dr. Hopkins and Jeanette Ives, RN, MS, nursing chief of Orthopædics, Neuroscience, *(continued on page 4)*

MGHers take their "daughters" to work

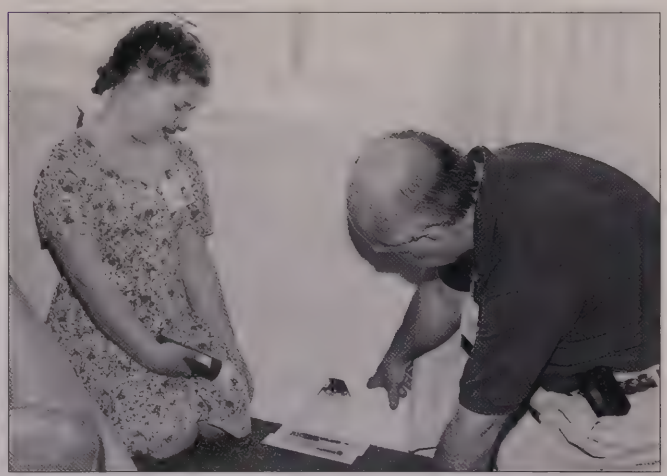
When Monica Harrington's teacher suggested she consider becoming a pharmacist, the 14-year-old didn't give it too much thought. But her mother did, and told her friend, Theresa Visconti, a registered pharmacist (RPh) and assistant director of Pharmacy, who invited Monica to "Take Our Daughters to Work Day" at the MGH. "I thought this day would be a perfect opportunity for Monica to observe firsthand what pharmacists do," she says.

April 28 was national "Take Our Daughters to Work Day," and many MGHers did just that. The event, sponsored by the Ms. Foundation for Women and now in its second year, provides an opportunity for girls ranging from 9 to 15 years of age to observe the workplace while encouraging and supporting their career goals.

Monica and eight other "daughters" helped the Pharmacy Department celebrate the day. After a welcoming breakfast, girls each received a name badge and a job assignment. While some of the girls went to view the sterile products area, others went to the central pharmacy, where medication is packaged and sent to the floors through a special pneumatic vacuum delivery system.

Monica watched staff mix a cardioplegic solution, which stops the heart from beating during cardiac surgery. Later, Monica observed cardiac surgery and saw how the drug is actually used.

The day ended with sundaes *(continued on page 3)*



Allison Emde, 10, shines a flashlight into an opening in the wall while her dad, Ed Emde, MGH Pest Control officer, baits the area for insects on "Take Our Daughters to Work Day."

Exploring new ways of caring for patients

Department heads, physicians, and nurses embarked on a daylong retreat May 26 sponsored by the MGH Patient Care Restructuring Group. Thirty-five representatives from a broad cross section of hospital areas explored issues related to restructuring patient care delivery.

"We thought it was important to create a forum for discussion that involved as many of the areas as possible that will be involved in patient care restructuring," says Gail Kuhn Weissman, EdD, RN, senior vice president for Patient Care and chief nurse executive, who chairs the restructuring project. "This retreat was an opportunity to review what we have learned so far about patient care restructuring and chart a course for future action."

The goals of the retreat were: to create a common knowledge base of restructuring concepts and applications; to define the shared goals of restructuring at the MGH; and to outline initial strategies to operationalize these goals.

The morning sessions were devoted to presentations by various retreat participants and covered such topics as redesign and re-engineering efforts at other health care organizations throughout the country, as well as relevant projects currently under way at the MGH. Several themes and concepts emerged from the discussion, including patient-focused care, cost-effective use of resources, continuous quality improvement, case management, competition, critical pathways, multi-talented workers, collaborative teams, and culture change.

In the afternoon session, the group explored the risks to success of such an effort and developed a draft mission statement, guiding *(continued on page 4)*

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A presidential invitation

MGH Project ProTech student Dawn Moore, third from the left, is one of the attendees at President Clinton's signing of the "School-to-Work Opportunities Act."

Washington is at its peak during the spring — cherry blossoms, warming temperatures, majestic buildings with lush lawns. Just ask Dawn Moore. She recently spent a day in Washington participating in a special ceremony on the White House lawn. Her host: President Clinton.

Dawn, a unit assistant in the MGH Burn Unit for the past three years, was a participant in Project ProTech, an apprenticeship program that helps high school students prepare for careers in health care and business. Founded in 1991 by a collaboration of six Boston teaching hospitals, Boston Public Schools, and the Boston Private Industry Council, this school-to-work program integrates classroom learning with hands-on work experience.

Dawn and three other ProTech students were invited by President Clinton to the May signing of the "School-to-Work Opportunities Act." This legislation helps provide work-training opportunities for high school students who want to get a head start in their careers before they finish school. Project ProTech links Boston-area students with members of the city's health care and business community.

"I quit going to Cardinal Cushing High School at the beginning of my sophomore year because I just wanted to hang out with my friends," says Dawn. For two years she worked as a grocery clerk before realizing that what she really needed was an education and a direction. Finally, she re-enrolled in high school, this time at Boston High where she heard about the ProTech program.

"After taking science classes I was looking for more information about careers in health care," Dawn says. "My science teacher suggested that I look into Project ProTech." Through the cooperation of Project ProTech and the MGH, she was able to find a career-related job that accommodated her school schedule. "Working in the Burn Unit has helped me decide what I wanted to do with my life," she says. After graduating from high school last year, Dawn enrolled in Northeastern's School of Nursing, where she was awarded a full scholarship. She plans to specialize in burn treatment, and when she graduates, she says she would like to get a job at the MGH.

"The MGH has benefited greatly from actively participating in this nationally recognized program," says Kathy Rice, assistant director of Human Resources. "We at the MGH have made a real difference in the lives of more than 40 Boston ProTech students. This investment in our community will reward the MGH for many years to come."

Dawn and other students received certificates and T-shirts commemorating their participation in the event. But before they left Washington, their host issued another invitation — indoors for a tour of the White House.

All dressed up with someplace to go

No, there's not a new dress code at the MGH. Just leaders from Partners HealthCare System, BWH, and the MGH suited up for a tour of the MGH main campus. In the spirit of partnership they posed during a stop at the MGH Surgical Day Care Unit, still covered from head to toe in the protective garb they wore while visiting the sterile surgical areas.

"Despite the lighthearted scene shown in the photo, the tour was actually an important part of the ongoing collaboration between the MGH and Brigham and Women's Hospital," says Richard R. Crater, MGH chief executive officer designate. "Learning more about each hospital will make us better partners. We all are looking forward to the next tour, at BWH."

The tour provided a broad overview of the physical plant of the MGH, highlighting areas that represent different approaches to care as well as special research efforts. Sites visited included inpatient and ambulatory units, the newly renovated Emergency Room, Wellman Laboratories, imaging and diagnostics areas, and the Surgical Day Care Unit.

(from left) Richard R. Crater, MGH chief executive officer designate; Gail Kuhn Weissman, EdD, RN, MGH senior vice president for Patient Care and chief nurse executive; Peter L. Slavin, MD, MBA, MGH senior vice president and chief medical officer; Jeffrey Otten, BWH executive vice president and chief operating officer; H. Richard Nesson, MD, Partners HealthCare System chief executive officer and BWH president and chief executive officer; Janet Dauphinee, RN, MS, nurse manager of the MGH Surgical Day Care Unit; Robert H. Scott, Partners HealthCare System vice president for Administration and Finance; Ann L. Prestipino, MGH vice president for Surgical Services and the Cancer Center; and John P. Remensnyder, MD, MGH director of Operating Rooms and visiting surgeon.

Summer holiday

Amid the summer sun and sand, the MGH Pediatric Greeting Card Committee has begun thinking about the holidays and snowy times ahead. Holiday cards created from the drawings of MGH pediatric patients will be available for the first time this fall. The cards will help spread the word about MGH's top-notch Children's Service, and any profits from the sales will go toward making pediatric patients and their families a little more comfortable.

Boxes containing 12 cards in a variety of designs will cost $10. MGHers who wish to purchase cards should drop a note (WRN1121) or call (ext. 6-2913) to let the committee know how many boxes individuals or departments will need for the upcoming holiday season.

— Bringing in the train

(continued from page 1)

eyes and face had been protected by his safety glasses, but his chest was swollen and he was in a lot of pain. Despite his discomfort, the engineer refused to have an ambulance meet him at an upcoming station. He wanted to bring his train into Boston.

"I told him I'd stay with him and keep an eye on him until he got in," Ms. Bardzik says. "Although there was not a lot I could do there on the train, I did help him maintain optimal positioning and offered any comfort or assistance he needed. When I asked him if there was a particular doctor or hospital he wanted to be taken to, he said, 'Where do you work?' I told him MGH, and he said, 'Well, that's where I'm going.'"

An ambulance met the train at North Station, and the engineer was taken to the MGH Emergency Department. There he was examined, treated for a bruised chest, and released to recuperate at home. A week later Ms. Bardzik received a bouquet of flowers from the engineer and a letter of thanks from Amtrak, which operates the commuter rail for the MBTA.

"The engineer really was the hero," she says. "No matter how much pain he was in, he kept his passengers in mind. He was determined to bring the train in on time."

— MGHers take "daughters" to work

(continued from page 1)

and certificates for each of the girls.

Barbara Holland, director of Diversity and coordinator of this year's event, says she was pleasantly surprised at the level of participation. "'Take Our Daughters to Work Day' helps develop our future workforce, which will improve the quality of life for everyone as well as enhance our productivity and profitability," says Ms. Holland.

Karen Nock, Admitting Services interviewer, says that her 13-year-old daughter, Quiana, had expressed interest in becoming a doctor or a nurse. "If she pursues these goals that will be great, but I also wanted her to see what other offices in a hospital do and how they are closely connected to patient care."

And Quiana learned a lot that day. "I learned how my mother verifies information on patients who are coming into the hospital in a couple of days," Quiana says. "But I still think I would rather be with people, helping them right on the patient floor units."

Quiana says that she came away with a feeling of pride for what her mother does every day. "I guess I never really thought about what she did. All I knew was that she went to work. Now when she is talking about something at the office, I can understand better than I did before."

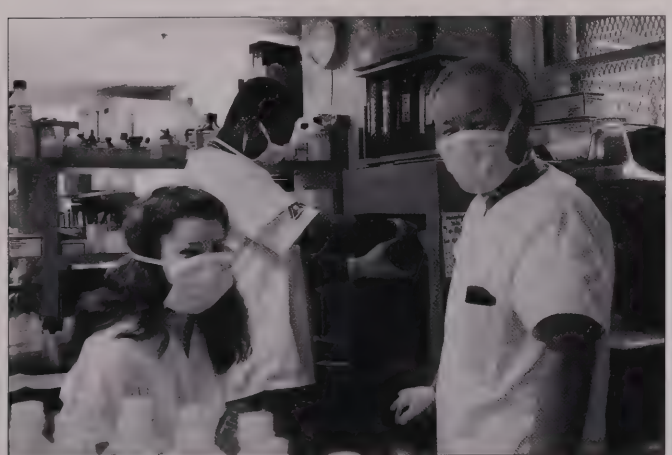
Though many daughters accompanied their mothers to work, many others came with friends, aunts, and, of course, fathers.

Ed "Doc" Emde, the hospital's Pest Control officer, brought his 10-year-old daughter, Allison, on his rounds for the day. "I know what my father does, and I wanted to see what it's like," says Allison. "I don't think I would want to do it though." Mr. Emde's territory is the whole campus, so Allison was able to see a lot of different places, including some of the most remote back hallways and hidden nooks throughout the hospital.

Allison hoped that she would be there for one of her father's more unusual calls, like the time last winter when there was a bird on the White roof. "My father said it was not a bird he had seen around the hospital before. He called a rescue group (Mass. Society for the Prevention of Cruelty to Animals), and they came and took the bird to their hospital." Mr. Emde found out later that the bird wasn't hurt, just disoriented. Although Allison didn't see anything like the unusual bird, she did get a chance to watch her dad at work.

Allison says that she wants her sister to come to "Take Our Daughters to Work Day" next year. "She was too young to come this year, but she likes doing the kind of stuff my dad does," says Allison. Like father, like daughter.

Quiana Nock, seated, gets a first-hand look at the MGH Admitting Office and verifies patient insurance information as her mother, Karen, MGH Admitting Services interviewer, watches.



Monica Harrington learns how a cardioplegic (heart-stopping) solution used in heart surgery is made from Byung Kon Kim, right, and Jamie Lender, manufacturing technicians in the Pharmacy.

TB: A stubborn new strain

Recent reports of an increase in the incidence of tuberculosis (TB) and the death of a New York City health care worker from a drug-resistant strain have led to a nationwide effort to combat the disease. At the MGH, the TB Task Force has developed a program to identify situations that put MGHers at risk for TB exposure.

"The incidence of TB had been on the decline for decades, but in recent years, the rate of infection began rising," says Maryanne Spicer, director of Corporate Compliance. "This led the Centers for Disease Control to recommend that all hospitals develop multifaceted plans to help protect health care providers."

The TB Exposure Control Program plan at the MGH addresses several major concerns, including employee risk assessment. Because TB is carried in the mucous membranes, caregivers who carry out certain procedures, such as broncoscopies, are at a higher risk of exposure than those who work in areas such as Orthopædics. The Infection Control Unit Risk Assessment Program has identified patient care, treatment, and diagnostic areas where patients with TB were cared for in 1993. Each area and employee will be evaluated for risk of acquiring TB, employees grouped into risk categories, and TB screenings carried out when appropriate.

"Because many of the strains of TB that have been spread in hospitals recently can be resistant to many of the usual antibiotics, there is an increasing concern nationwide that we do this right," says Cyrus Hopkins, MD, chair of the Infection Control Committee. "Therefore, there have to be several parts of the TB Control Program, including respirators, room ventilation, and skin testing."

In addition, the MGH Safety Office is piloting the use of specific respirators to help protect employees and staff who work in higher risk areas. Respirators are designed to protect users from dangerous airborne physical or chemical agents. In addition to the common half-face-mask style, which covers the mouth and nose, specialized respirators that cover the entire face or head are available for selected individuals. Because the specialized respirators are more complicated to use and need to be fitted carefully, the Safety Office will provide information and training to those needing more protection. Improved engineering controls by Buildings and Grounds will ensure proper ventilation of patient care areas.

The MGH's current TB skin testing program is being revised as part of the overall TB control program. One important change is an increase in the frequency of testing as determined by risk assessment. According to Susan Loomis, RN, director of Employee Health: "Health care workers have always had a higher rate of TB infection and disease than the general population. As the rate of TB increases in the community and potentially more patients may be entering the hospital with TB disease, we need to focus our concern on occupational transmission."

Another key component to protecting employees and staff is by quickly identifying patients who are carrying TB. According to Ms. Spicer, the MGH has had procedures for rapidly screening potential TB patients for some time now.

Those with questions about their risk of TB or who would like to arrange for a TB skin test are encouraged to call the Employee Health Service at ext. 6-2217.

An end to conference confusion

June 1 marked the end of conference confusion. The MGH Conference Line is now available to communicate information about conferences at the MGH and its affiliates. Here is how it works: When people book conferences, they call ext. 4-CONF (2663) to reach a voice mailbox that allows information about the conference (time, date, location, etc.) to be recorded. This data is then available to the White Information Desk, which maintains a calendar of all scheduled conferences to appropriately direct conference attendees.

Four MGH executive secretaries discussed their career paths and answered audience questions at a session chaired by Mary French, director of Bulfinch Temps, during this year's Secretaries Week celebration in April. (from left) Linda Dello Russo, Cecile Fanti, Annie Ablorh, Gretchen Shubrooks, and Mary French.

—*Quickening the flow in Hematology*

(continued from page 1)
and Nursing Support Services, initiated a project asking an interdisciplinary team to look at the way PTT tests were handled.

"This project was an opportunity to bring together people from different areas around a common issue," says Ms. Ives. "Everybody was really willing to work toward streamlining and improving the system for patients. These kinds of projects are positive ways we can keep costs in line while keeping the quality of patient care high."

As is common to any improvement effort, the task force began by identifying problem areas. Among the concerns: the need for faster PTT results to make better decisions about patient medication and care and the likelihood of increased demand on the Hematology lab for super STAT testing because of a planned expansion of the Cardiac Access Unit and changes in ordering practices.

"These kinds of projects are positive ways we can keep costs in line while keeping the quality of patient care high."

To evaluate the PTT test process, the group created a flow chart listing each step in the process — from the time a physician orders the test to the reporting of results back to the clinician. The group also clarified when it was appropriate to request super STAT results, which provide the fastest processing.

According to project facilitator Peter Chingos, MBA, Nursing Support Services: "We looked at the pre-lab *and* lab components of the process. For example, we discovered that on the Ellison 6 Cardiac Access Unit, phlebotomists were drawing blood from patients and then finishing all of their blood drawings on the entire unit before sending blood samples to the lab. Because the results of the PTT test are needed quickly and cardiac catheterization patients have a central line already in place, blood is now taken from the central line by a nurse and sent immediately to the lab for processing."

Ann Bitzer of the Clinical Laboratories, says, "In the lab itself we saved more time by refining technology, creating a designated STAT area, and altering lab personnel schedules."

The next phase of the project was to evaluate the effectiveness of improvement efforts. To monitor how long the process takes, from drawing blood to reporting results, project facilitators Carol Camooso, RN, Medical Nursing, and Mr. Chingos developed a system. The Hematology staff randomly picks nine test samples during shift change and lunch times, typically the most hectic times, and charts the processing time results. "The chart illustrates the ownership and responsibility for the process, and we pick up trends daily before it is too late," says Ms. Cornacchia.

The results have been encouraging. Turnaround time for super STAT PTT tests for the Ellison 6 Cardiac Access Unit is now 37 minutes, down from 56 minutes before the improvement project began. Also, because the new system has made the entire process more efficient, the Hematology lab is able to accommodate an increased volume of samples without an increase in staff.

"What arose from clinical angst," says Dr. Hopkins, "has led to improved processing times and increased capacity, while keeping costs down."

The panels of the Names Project Quilt created by MGHers have been turned over to the International Names Project. Linda Lass-Schuhmacher, RN, MEd, health education coordinator, Employee Health Service, speaks at a dedication program hosted by the MGH AIDS Educational Task Force in May.

Marcia Cunha, a lab technologist at the Bunker Hill Health Center, draws blood from Susan Benjamin of Information Resources to test cholesterol and glucose levels.

Bunker Hill hosts health fairs

The MGH Bunker Hill Health Center was busy in May with two events to promote good health in the Charlestown community. The first ever "Prevention Day" May 5 at CNY was part of a statewide public health effort. The annual "Charlestown Loves a Healthy Heart" tradition continued this year on May 12 with a special guest, Massachusetts Department of Public Health Commissioner David Mulligan. While community members visited displays and collected educational materials, more than 326 blood samples were drawn at the two events. Though most people tested had normal cholesterol and glucose levels, some were referred for further evaluation as a result of higher-than-normal test levels.

— *Exploring new ways to care for patients*

(continued from page 1)
principles, and a beginning operational plan.

Dr. Weissman led the retreat, and Richard Bohmer, MD, senior project manager, Clinical Practice Evaluation and Management Unit acted as facilitator.

Participants included: Lloyd Axelrod, MD (Medicine), Guillermo Banchiere (Environmental Services), Barbara Bauman, RN (Medical and Emergency Nursing Services), Evelyn Bonander, MSW (Social Services), Eileen Budri, RN (Medical Nursing Service), Carolyn Cigarroa (Clinical Practice Evaluation and Management Unit), Mary Connaughton, RN (Medical and Emergency Nursing Services), Richard Crater (Administration), Jeff Davis (Administration), Harry DeMonaco (Pharmacy), Helen Doherty (Dietetics), Joan Fitzmaurice, RN (Quality, Research and Development Services), Phil Geissinger (Finance), Jeanette Ives, RN (Nursing Support and Orthopædic and Neuroscience Nursing Services), Robert Kacmarek, PhD (Respiratory Care), Howard Kesselman, MD (Medicine), Colleen Kigin, MS, MPA, PT (Physical Therapy), David Lhowe, MD (Orthopædics), Brenda Miller, RN (Orthopædic Nursing Service), Samuel Miller (Administration), Richard Montgomery (Human Resources), Trina Oswald, MS, OTL/OTR/L (Occupational Therapy), Ann Prestipino (Administration), James Richter, MD (Medicine), Mary Riffe (Materials Management/Purchasing), John Siliski, MD (Orthopædics), Peter Slavin, MD, MBA (Administration), Debra Weinstein, MD (Medicine), and Edwin Wyman, MD (Orthopædics).

Other members of the Patient Care Restructuring group are: Ed Coakley, RN (Operating Room Nursing Service), Marianne Ditomassi, RN (Orthopædic and Neuroscience Nursing Services), Henry Mankin, MD (Orthopædics), Keith Mankin, MD (Orthopædics), Micki Marino (Radiology), Terry O'Malley, MD (Chelsea Health Center), and John Potts, MD (Medicine).

Those with questions are encouraged to contact the members of the group listed above or Dr. Weissman. Future issues of *Hotline* will cover the details of this initiative as it moves forward.

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MGH HOTLINE UPDATE

June 3, 1994

Spaulding Hospital to build Cape Cod facility

Construction will begin this summer on a new rehabilitation hospital on Cape Cod to be managed by Spaulding Rehabilitation Hospital, a major affiliate of the MGH. The Rehabilitation Hospital of the Cape and Islands (RHCI) will be a two-story, 60-bed facility located in Sandwich.

A 1989 report by the Massachusetts Department of Public Health concluded that Cape Cod was the only part of the state without easily accessible rehabilitation services. "Many Cape and Islands residents requiring specialized services must travel to Boston," says Susan Glasser, who has been named acting CEO of RHCI. "Such distance is not only an inconvenience but makes it difficult for patients' family members and friends to assist with their treatment programs, which is often a critically important aspect of rehabilitation care."

Plans for the RHCI were developed by Spaulding in collaboration with the MGH, the Consortium of Cape and Islands Hospitals, and the Barnstable County Commissioner. State DoN approval was received in January 1992, and the Cape Cod Commission unanimously approved the hospital plan earlier this year.

The building, designed by Graham Gund Architects and Marsters and Sargent Architects, will combine the latest in assistive and therapeutic equipment with a typical Cape Cod architectural style. Inpatients will be cared for on the upper floor, and outpatients on the ground floor. The hospital will be [illegible]ed on a 77-acre site, 90 percent of which will remain in its natural state.

If all local permits are received, groundbreaking ceremonies for RHCI will be held in July. The building is expected to be complete in the fall of 1995.

Hospitals pledge support to health centers

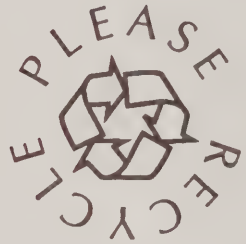
The MGH, seven additional Boston teaching hospitals, and other local health care providers are joining forces to provide $13.7 million targeted to help community health centers in Boston improve their facilities. The institutions are pledging loan guarantees through the Community Health Center Capital Fund, which will make loans available to local health centers for capital improvement projects. Funds for such projects — which can include repairing, improving, or replacing buildings and major equipment — are often difficult for health centers to obtain from banks and other financial institutions.

The MGH will commit $1.5 million to the fund, as will Beth Israel Hospital, Brigham and Women's Hospital, Boston University Medical Center, Children's Hospital, Deaconess Hospital, and New England Medical Center. The Massachusetts Eye and Ear Infirmary has pledged $200,000, for a total commitment of $10.7 million from the members of the Conference of Boston Teaching Hospitals.

In addition, Harvard Community Health Plan and Blue Cross of Massachusetts have each committed $1.5 million, and Neighborhood Health Plan is providing operational support to the Community Health Center Capital Fund.

"The MGH has always been committed to meeting the health needs of the local community, and our health centers in Charlestown, Chelsea, and Revere are a major part of that commitment," says Allen Peckham, MGH senior vice president for Development and Public Affairs. "This new effort is one way we can help address needs beyond our immediate neighborhoods."

While any of the 26 health centers located in Boston may apply for loans from the Community Health Center Capital Fund, the program is targeted t assist those centers that do not have existing partnerships with major teaching hospitals. The MGH's three comm nity health centers annually receive more than $2 million in operating support from the hospital.



Do you know where to recycle your Hotlines?

Issues of the weekly *Hotline Update* can be recycled in the plain paper recycling boxes found in numerous locations around MGH. The larger monthly *Hotlines* (which feature photos) may be recycled only in the special bins available in the Gray Lobby and in the CNY Human Resources Office.

What's Happening

Be a winner: Give blood
The July 1 employee blood donor drawing will feature two prizes: a Friday and Saturday night stay at the Boston/Cambridge Guest Quarters Suite Hotel and Sunday brunch for two at the Spinnaker Italia restaurant in the Hyatt Regency Hotel, Cambridge. The winner of the May 2 drawing was Jane Ferguson of the Infection Control Unit, who won a weekend for two at the Sheraton Tara Hotel in Framingham.

All employees donating blood or platelets during May or June will be entered in the next drawing, and the drawing will also be open to employees who recruit nonemployees to donate in their names. To avoid long waits at the Blood Donor Center, call ext. 6-3620 before coming to donate. For more information on the employee donor drawings, call Richard Carson at ext. 6-3618.

Young Adults Living With Cancer
A new session of Young Adults Living With Cancer, a free support group for cancer patients and their loved ones, will begin June 15. Eight consecutive sessions will be held Wednesday evenings from 4:30 to 6 pm. For more information or to register, call Katie Dobbin Binda, LICSW, at ext. 6-5839.

Thanks for supporting United Way
The MGH United Way Steering Committee wants to thank all those employees who contributed to the MGH United Way Campaign this year. Through their generosity, the campaign raised $164,059, which will support United Way organizations benefiting thousands of people in the community and beyond. "Despite difficult times for many employees, you once again showed great resolve in making this a successful campaign," says John W. Nolan, director, Parkin and Commuter Services, who was 1993 United Way chairperson.

Racing to support Easter Seals Society
Last year 15 current and former MGH employees raised $3,700 for the Massachusetts Easter Seals Society by participating in a 24-hour relay race at the Brandeis University track. The team, dubbed the "MGH Central Arteries," participated in numerous activities throughout the day and night — including a basketball tournament, Trivial Pursuit, and other games and contests — while camping out on the university campus. This year's race will be held June 18 to 19. Anyone interested in joining or supporting this year's MGH team (the "Hardened Arteries") or in forming a new team, should call Suzanne Gautreau, ext. 6-8250.

In General

Several MGH staff members have recently received awards or been named to prestigious positions:

- **Frederick M. Ausubel, PhD,** Molecular Biology, has been elected to membership in the National Academy of Sciences.
- **Edwin Cassem, MD,** chief of Psychiatry, has been appointed President of the American Psychosomatic Society.
- **David Herzog, MD,** Psychiatry, received the 1994 Joseph B. Goldberger Award in Clinical Nutrition from the American Medical Association.
- **Hirschel D. McGinnis, MD,** Radiology resident, was one of 50 recipients of the American Medical Association/Burroughs Wellcome Leadership Award for resident physicians.
- **David H. Sachs, MD,** director of the Transplantation Biology Research Center, was named editor-in-chief of a new journal called *Xenotransplantation*.
- **Timothy Wilens, MD,** Psychiatry, received the first Outstanding Psychiatrist Award for Psychiatric Research from the Massachusetts Psychiatric Society.

Four MGH researchers were among 16 chosen to share $1 million in research funds awarded by the Commonwealth of Massachusetts for studies of breast cancer. **Michele A. Gadd, MD,** Tumor Biology, will be exploring new techniques to detect rare mutations in breast tissue; **Carol A. Hulka, MD,** Radiology, will investigate ultrafast magnetic resonance imaging of breast lesions; **Paula Kadison, MD,** Hematology/Oncology, will work on purging breast cancer cells from bone marrow for transplantation; and **Elizabeth A. Mort, MD,** Medicine, will study women's preferences for adjuvant therapy (chemotherapy or hormone treatment) after surgery for early breast cancer.

Two students at the MGH Institute for Health Professions have been named Schweitzer Urban Fellows. The program, inspired by the medical missionary work of Dr. Albert Schweitzer, acknowledges and supports public service projects pursued by aspiring health care professionals. **Jessica Brown,** a first-year speech-language pathology student, will provide literacy services for homeless women at Rosie's Place. **Beth Coleman,** a second-year nursing student, will coordinate a program for junior high school students in conjunction with Battered Women Fighting Back.

Elizabeth A. Drucker, MD, JD, Radiology, was one of three investigators in the nation chosen to receive a 1993 GE-AUR Radiology Research Academic Fellowship. The program, co-sponsored by GE Medical Systems and the Association of University Radiologists, supports young researchers for two years. D Drucker's winning project is entitled "Investigation of Helical CT Scanning of the Pulmonary Arteries in Diagnosis of Acute Pulmonary Embolism."

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Massachusetts General Hospital
Merrimac St., 4th Floor
Extension 6-2206

MGH HOTLINE UPDATE

June 10, 1994

Wellesley site eyed as possible location for some Spaulding beds

MGH and Spaulding Rehabilitation Hospital (SRH) representatives met Monday with the Town of Wellesley Board of Selectmen to discuss the hospital's preliminary plans to relocate a portion of SRH beds to a site at the junction of routes 9 and 128 in that town. The Wellesley site considerations are the latest developments in the effort to relocate SRH, which stands in a right-of-way of the Charles River crossing component of the Central Artery project. SRH is expected to be taken by the Commonwealth of Massachusetts by eminent domain when replacement facilities are established.

MGH and SRH officials are looking at various sites to which to relocate Spaulding's 284 beds, and they say it is in the best interest of suburban patients and their families to relocate approximately 80 beds to a conveniently accessible location outside of Boston. The Wellesley site, a property currently owned by the Massachusetts Highway Department, is one such location.

"We had a good, frank discussion with Wellesley town selectmen," says Vincent Cucchiara, MGH corporate vice president for Facilities and Planning. "Of course, with any proposed development project the citizens have concerns about the potential impact on the local community, but they were receptive to the idea of a medically related use for the property."

At this point, MGH and SRH will begin to work closely with Wellesley town officials, the Massachusetts Highway Department, and residents in the immediate vicinity of the site to plan an appropriate development, which would house a new SRH facility and may include space for doctors' and other offices.

Boston Business Journal misinformed on McLean

A front-page article in the June 3-9 issue of the *Boston Business Journal* stated that "McLean Hospital may abandon its . . . Belmont site for new digs" at the MGH, attributing the information to local health industry sources.

According to Samuel O. Thier, MD, MGH president, the suggestion that McLean will move to Boston is erroneous. There has never been discussion or consideration about a physical consolidation of these two institutions.

Trustees honor MGH leaders at May dinner

J. Robert Buchanan, MD, MGH general director, was honored by the MGH trustees for his 12 years of distinguished service to the MGH at a dinner in May welcoming Samuel O. Thier, MD. The Board of Trustees has voted that, when he retires as general director July 1, Dr. Buchanan will become general director emeritus.

W. Gerald Austen, MD, who recently completed his 25th year as MGH's chief of Surgery, was also honored at the dinner, as were Richard J. Kitz, MD, who retired as chief of Anesthesia April 1 after 25 years; and W. Nicholas Thorndike, who stepped down as president of the MGH May 23. Dr. Kitz continues at the MGH as chair of several committees, while Mr. Thorndike will remain on the Board of Trustees.

In General

The **Central Intake Unit** of MGH Addiction Services received a site recognition award June 3 from the Foster Grandparent Project of Action for Boston Community Development, Inc. The award is in recognition of the unit's arrangement by which Icylin Henry, a volunteer, cares for the children of patients while they are being treated for substance abuse at the outpatient unit. The mission of the Foster Grandparent Program is to enable elders to make positive contributions to the lives of children and adolescents.

The University of South Florida announced in April that **Daniel Kopans, MD**, director of Breast Imaging at MGH, received one-third of a $1.2 million grant from the United States Army targeted at developing a better and more uniform mammogram database. Dr. Kopans is part of a research effort led by a University of South Florida engineering professor.

Deborah MacDonald, RN, MS, nurse genetic specialist in the MGH Comprehensive Breast Health Center, received the Excellence in Innovative Nursing Practice Award from Sigma Theta Tau International Nursing Honor Society May 18. The award recognizes her work on the development of the Comprehensive Breast Health Center's Risk Assessment Program, which provides screening, education, and counseling services for women at increased risk for developing breast cancer.

"Visioning: An Important Management Tool," by **Rosalie Tyrrell, RN, MS**, psychiatric clinical nurse specialist, appears in the March/April 1994 issue of *Nursing Economics*.

Nearly 150 employees named on excellence roster

For the second year, the MGH Employee Relations Office invited MGH leadership to submit the names of outstanding employees to be recognized as part of the "Lifelines: Profiles in Excellence" program. This year's 146 submissions (listed below) more than double last year's total.

"The list recognizes those who support MGH's mission by the high quality of their work, or because they went above and beyond their usual responsibilities," says Beverly Lasovick, manager of Employee Relations.

John Avery
Rowan Baptiste
Nancy Barletta
Susan Barraclough
Cynthia Beech
Bea Bertrand
Patrick Birdsall
Gaston Boursiquot
Leroy Brathwaite
Keith Briggs
Kathryn Brunick
Dottie Brown
Wilby Brown
John Burns
Maureen Campbell
Peggy Carolan
Joanne Carter
Marie Celestin
Ginny Chang
Wilhelmina Ciecko
Carrie Copli
John Couris
Carol Craigg
Carol Crosby
Theresa Curley
Joanne Culipher
Bernie DaCosta
Lorraine Daniels
Jan Dauphinee
Antonette Davis
Marvin Decosta
Cathy Delaware
Mary T. Dickie
Ruby Dilligard
Lucille Dixon
Victoria Dudley
Kearin Dunbar
Owena Dunn
Florence Eden
Enid Edwards
Herbert Edwards
Ellen English
Alva Fairbairn
Veronica Farguarson
Mike Felder
Veronica Felder
Tony Forgione
Jean Fountaine
Emelina Frederick
Michael Fredrickson
David Gaboriault
Kevin Gallagher
Phillip Gammah
Peg Gately
Michael Gillespi
Margaret Gittens
Whitney Gosselin
Stanley Grzybek
Pamela Griffin
Jackie Gross
Bea Guiterriez
Starford Guppy
Tony Hawkins
Ben Hester
Ann Hewitt
Ken Highland
Roma Holliday
Bennie Holman
Lori Hubbard
Nancy Hunsberger
Bob Hurwitz
Althea Jackson
Guy Jackson
Marie Jean Jacques
Felicia James
Bill Kelley
Marcia Kennedy
Stephney Kerr
Robert Key
Michael Kingston
Electa Kittell
Quenton Klein
Krzysztof Klincewicz
Perlyn Lewis
Jill Lindeman
Grantley Lynch
Martha Lynch
Celine Mani
Heidi Mann
Judith Manola
Kris Marchand
Jane E. Marshall
Linford Martin
Bill McCarthy
Jennifer McGowan
Lynne McLeod
Ana Miller
John Mitchell
Shirley Mitchell
Lorna Muir
Thuy Van Nguyen
Carl Niland
Elizabeth Niziak
Dale Parechanian
Katherine Phillips
Mary Pickey
Marie Pierre
Cheryl Pires-Taylor
LeJuan Pope
Wydott Price
Joy Ramos
Susan Resler
Stephen Russell
Ronda Santana
Bea Sauls
Laura Sayers
Julie Shea
Courtneay Small
Ian Smith
Debbie Snow
Bill Somers
Carolyn Somers
Fern Springstead
Lawrence Storace
Helen Strong
David Stymiest
Debbie Sullivan
Ernest Tabb
Annette Tamanini
Ana Tapanes
Angela Thurmond
Karen Trigilio
Bill Vaughan
Nilda Vega
Duval Vibert
Joseph Viola
Althea Walker
Janice Walls
Chris Warden
Tommie White
Paul Williams
Ebony Wilmore
Sylvia Wilson
Robert Woods
Lin Y. Xie

MGH to be featured in trauma series

The MGH Emergency Department (ED) will be featured in "Trauma Center," a documentary series produced by Fox Television. Scheduled to air in the fall, the program will profile eight or nine trauma centers throughout the country. MGH will be featured in three of the first 26 episodes, each of which will follow the stories of three to four patients from the ED through their inpatient stays, and perhaps back to their homes.

Filming — most of which will be done at night and on weekends — is scheduled to begin late next week and last approximately four weeks.

MGH *in the* News

"Strong Medicine," a profile of **Samuel O. Thier, MD**, MGH president, is featured in the June issue of *Boston Magazine*.

May 24 — Pauline Filipek, MD, Neurogenetics, was interviewed by WGBH-TV for a program aimed at high school students who want to pursue careers in medicine. The program will be shown nationally on public television in September.

May 24 — Mindy Sherman, MD, Pediatric Emergency, was interviewed by *The Boston Globe* about the types of injuries children incur on playgrounds. The article appeared in the May 25 issue.

May 31 — Michael Bierer, MD, Department of Medicine, was interviewed by the *Atlantic Monthly* for an article on the homeless to appear in a future issue.

May 31 — Charles Boucher, MD, Cardiology, was interviewed by WBZ-TV, Channel 4 regarding an article in *The New England Journal of Medicine* that discussed the link between exercise and lifestyle.

June 1 — Thomas Spitzer, MD, director of the Bone Marrow Transplant Program, was interviewed by the *Washington Times* about types of illnesses treated with bone marrow transplantation.

June 7 — Comments by **Sandra Barrow**, nuclear medicine technologist, and **Ron Callahan, PhD**, director of Nuclear Pharmacy, were included in a National Public Radio story about world supplies of molybdenum, an element used to make technetium, a man-made chemical isotope used in many radiology scanning procedures. The story was aired on WBUR, 90.9 FM.

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MGH HOTLINE UPDATE

June 17, 1994

A message from Richard Crater, CEO Designate

Reconstituted Budget Task Force

I'm pleased to have the opportunity to communicate with you through Hotline Update. I will be using this newsletter from time to time to keep you informed about important news, issues, and developments. Given the current environment of change in health care, I believe it is essential that the MGH community has accurate and up-to-date information. I will do everything I can to see that you get it.

For many years, the process of preparing the hospital's annual operating budget was consistent and reasonably routine, as forecasted revenue steadily increased from year to year, enabling us to accommodate expected expense increases. Occasionally, during the course of preparing the budget, a more significant trimming of expenses was necessary, a situation that led to across-the-board layoffs in 1986, 1988, and 1993. Eighteen months ago, we forecasted level hospital revenues for the next five years. Our expenses, therefore, would also have to be kept flat, and because underlying expenses routinely have risen, we knew we would have to make actual expense reductions each year. These reductions were projected to be 4 to 5 percent per year, or about $25 million to $30 million a year for several years.

As we began fiscal year (FY) 1994, rather than waiting until the spring of 1994 to begin developing the FY 1995 budget, a task force was assembled to initiate the process of developing proposals to reduce the projected FY 1995 expenses by some $25 million. This task force consisted of: Edward E. Coakley, RN, Jeff Davis, Philip Geissinger, Dan Gross, Katherine Howard, Michael Jellinek, MD, Ronald Newbower, PhD, Catherine Robbins, Thomas Rothwell, Peter Slavin, MD, and Kathleen Walsh. The task force has done an admirable job to date. It has achieved, through a variety of processes, ideas that when implemented will achieve a signficant part of the necessary expense reductions (or revenue increases).

As we begin the last four months of FY '94, we are now confronted with the process of completing the FY '95 budget. The process is one that must engage the interest, attention, involvement, and participation of all members of the hospital community. To this end, I have reconstituted the task force to include the following members. The task force will be supported by Fiscal Affairs staff.

Catherine Robbins *(chairman)*
Senior Vice President for Administration and Chief Financial Officer

W. Gerald Austen, MD
Chief of Surgery

William Baker
Vice President for Women's and Children's Services

Robert Colvin, MD
Chief of Pathology

Jeff Davis
Senior Vice President for Human Resources and Continuous Improvement

(Continued on reverse)

In General

Verne S. Caviness Jr., MD, PhD, chief of Pediatric Neurology, recently attended the first symposium devoted exclusively to Canavan disease, which was held at Columbia-Presbyterian Medical Center in New York. Canavan disease is an inherited, degenerative childhood disease, prevalent among Jews from Eastern Europe. The disease incapacitates its victims, both mentally and physically, and is always fatal.

Psychiatric clinical nurse specialist **Rosalie A. Tyrrell, RN, MS, CS,** spoke at the sixth annual TQM Conference sponsored by the Center for Business and Industry of Northern Essex Community College in Haverhill, Mass. Her presentation was entitled "Life After Downsizing: Strategies for Organizational Healing and Revitalization."

Eric A. Proctor, administrative director for the Department of Orthopædic Surgery, was recently elected president of the Academic Orthopædic Administrators Association, a national body comprising administrators of academic orthopædic departments at universities and medical schools.

Carolyn Tamer, RN, CET, presented a poster exhibit entitled "Communicating Wound Management" at the Symposium on Advanced Wound Care held in Miami, April 28 to May 1.

What's Happening

Back to school
Low back injuries suffered by employees at the MGH may be a thing of the past thanks to a recent grant from the state Department of Industrial Accidents. Awarded to the Employee Health and Physical Therapy Services, the grant will support the creation of a "Train the Trainer" program or "Back School" for managers and supervisors. Beginning in September, the program will include workplace risk assessment and safety information. It is hoped that 80 percent of relevant management staff will graduate from the program within a year, and will then train members of their respective departments.

Visa lottery set for October
Under the 1995 Diversity Immigrant Visa Lottery Program, run by the US Department of State, certain foreign nationals working or studying at the MGH and its affiliates may be eligible for a lottery through which 55,000 visas will be issued to eligible applicants and their dependent families. Applications must be filed between June 1 and June 30 for the October drawing. For more information, please call the MGH Corporate International Office, ext. 6-9211.

Calling all bowlers
The MGH Bowling League, now in its 45th year, welcomes new members. Interested bowlers should contact Linda Arini, ext. 6-2945; Carrie Vanish, ext. 6-5361; or Carolynn DiRienzo, ext. 6-8527.

International Hip Society meets
The International Hip Society, which held its biannual meeting in Boston in May, is dedicated to advancing the understanding and management of diseases of the hip, according to William H. Harris, M chief of the MGH Hip and Implant Uni and president of the society. Its members, representing 14 countries, have played a leading role in research on major problems in total hip replacement surgery.

Hot off the press
The MGH Cancer Center has published three new brochures, an effort spearheaded by the Patient Focus Committee, chaired by Jeanette R. Ives, RN, MS, chief, Orthopædic and Neuroscience Nursing and Nursing Support Services. The brochures are the *Pre-Visit Patient Brochure,* which will be mailed to all new cancer patients before their first visit to the MGH; the *MGH Cancer Center Guide to Patient Care;* and the *MGH Cancer Center Staff Directory.* All three publications are available through Standard Register, ext. 4-1717.

—Message from Richard Crater

Jane Holtz
Vice President for Neurosciences

Michael Jellinek, MD
Senior Vice President for Ambulatory Services

Sam Miller
Senior Vice President for Operations and Chief Information Officer

Ann Prestipino
Vice President for Surgical Services and the Cancer Center

Laurence Ronan, MD
President, Primary Care Staff Associates

Nina E. Rubin, MD
President, Staff Associates

Peter Slavin, MD
Senior Vice President and Chief Medical Officer

James H. Thrall, MD
Chief of Radiology

Kathleen E. Walsh
Vice President for Medical Services and Primary Care

Gail Kuhn Weissman, EdD, RN
Senior Vice President for Patient Care and Chief Nurse Executive

The charge that I have given to this task force is to complete the development of an FY 1995 operating budget. This task force will present its recommendations to me, the General Executive Committee of the hospital, and ultimately the Board of Trustees.

I fully expect the process of completing the hospital's operating and capital budgets to continue changing in character as health care delivery changes. In particular, in future years as we are able to implement our new cost accounting system, I believe we will be able to manage the institution from the point of view of its programs, the revenues they generate, and the expenses they command. This will be a significant change compared with our historical method of managing the operating budget by managing several hundred cost centers as independent entities.

The task force, while including a number of our institutional leaders and managers, will not be successful without the help of each and every one of you. In the coming weeks, I will keep you informed of the progress of the task force and its recommendations.

In memoriam
Nathan B. Talbot, MD, who served as chief of the MGH Children's Service from 1962 to 1977, died June 7 at his home in Brookline.

Dr. Talbot came to the MGH during World War II, where he worked in the Children's Service while also serving on the US Office of Scientific Research and Development Task Force that developed optimal life raft rations for the Army and Navy.

An authority on child development and the prevention of psychological and behavioral disorders in children, Dr. Talbot was the author of *Raising Children in Modern America*, four other books, and more than 120 scientific papers. His numerous awards included the Mead Johnson and Borden awards from the American Academy of Pediatrics.

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MGH HOTLINE UPDATE

June 24, 1994

A message from Richard R. Crater, CEO Designate

Equitable salaries essential in a competitive marketplace

As some of you may know, nurses yesterday received notification of a 4 percent market adjustment, effective July 3, 1994. We recognize that this adjustment is of widespread interest to the hospital community, as it raises questions about why we would take such a step during a fiscal year in which we have not offered a cost-of-living increase and are continuing to look for ways to reduce costs.

First, you should understand that market adjustments are given to specific categories of employees throughout the year. We make market adjustments after comparing MGH's salaries for certain positions with those offered by other Boston teaching hospitals with which we compete for employees. When we determine that our salary structure puts us at a disadvantage in recruiting and retaining outstanding people, we revise it. We generally do not communicate such increases broadly because they affect only a limited number of people. This particular market adjustment, however, affects all RNs and LPNs paid through general funds at the MGH, a significant percentage of our work force. We therefore felt that it was important to communicate this action to the entire hospital community.

Providing equitable salaries in this competitive marketplace is indeed an important measure of the MGH's commitment to its employees. People are the greatest asset of a human enterprise like the MGH. Wages and salaries, in fact, comprise nearly half of the hospital's operating budget.

As we prepare our fiscal year 1995 budget, it is with the awareness that we did not grant a cost-of-living increase in FY 1994. Though not yet final, our preliminary FY 1995 budget does include a modest cost-of-living increase. And while I would like to be able to confirm such an across-the-board increase at this time, I am unable to do so until the budget process has been completed. We are still looking at various scenarios that will allow us to keep our expenses in line with projected revenues, which is essential if the MGH is to continue to offer the depth and breadth of high-quality services in the years to come.

With the barrage of attention — local and national — on the changing health care environment, hospital downsizing, cost reductions, and layoffs, those of us who work in health care understandably have questions and concerns. As an institution, we need to do whatever we can to identify and address the issues that are on the minds of our employees and staff. We are not always able to provide specific answers, but we understand the importance of keeping you informed about the progress of the discussions. I will let you know as soon as possible about the fiscal year 1995 budget and about our continued cost reduction efforts.

Obstetrics news: Call 4-BABY for prenatal care

Obstetricians and nurse midwives in the Vincent Obstetrics and Gynecology Service will begin seeing expectant mothers for prenatal care Tuesday, July 5. Women who have recently become pregnant and would like to have their babies at the MGH can call **724-BABY** (724-2229) to register for prenatal care.

Physicians who would like to refer a patient to the MGH Obstetrics Program or to consult with program staff about an expectant mother's care should call a separate number — 724-3358.

More detailed information about the new MGH Obstetrics Program will appear in the July *Hotline*.

Partners task force reports

The Partners HealthCare System, Inc. Cost Reduction Task Force briefed hospital leaders at MGH and BWH this week. Presentations focused on the progress made in identifying collaboration and cost-savings opportunities arising from the affiliation of the two hospitals. A full report on these presentations will appear in the next *Hotline Update*.

Partnership enables finance departments to achieve $1.5 million in savings

THE FINANCE departments at BWH and the MGH discovered recently just how well the two hospitals can work together as a team. Their collaboration led to a combined savings of $1.5 million between the two institutions. Not only are the savings a benefit to the hospitals, but employees can expect to see these savings benefit them personally.

Through negotiations with area banks and consolidation of banking services for Partners HealthCare System, Inc., these departments have arranged for free checking account services for BWH and MGH employees at Bank of Boston, which will become Partners' primary bank for cash management. In establishing a relationship with Bank of Boston, Partners negotiated additional services for employees, such as the elimination of application fees for loans and a reduction in points for mortgages and other loans. Employees must participate in the direct deposit program to benefit from these programs. The start date and application details will be announced in future issues of *Hotline Update.*

Peter Blatchford, assistant treasurer of the MGH, explains that other savings opportunities are also in the works. The Partners hospitals also have relationships with other area banks—including BayBank, State Street, Shawmut, and Fleet—that are expected to offer a variety of services at reduced rates.

"The combined negotiating power of Partners gives us a real advantage in working out better banking relationships," Mr. Blatchford says. "It's a perfect example of an economy of scale."

Catherine J. Robbins, senior vice president for Administration and chief financial officer, says: "This change shows how teamwork can provide not only significant cost reductions, but also positive impact for all employees. The staff in each department worked together to develop a plan that will benefit both hospitals."

In General

Commuter fair winners

More than 3,000 people attended this year's The Environment, Your Health, and Your Commute Fair in May, held at both the main campus and the Charlestown Navy Yard. Nearly 1,000 participants registered for RIDESOURCE, a computerized ride-matching system. Winners of promotional prizes were drawn from among these registrants.

MGH prize winners were: **Katherine Mignet,** MGH Administration, two tickets on Bay State Cruises; **Anita Carapellucci,** MGH Psychiatry, a pair of Ryka shoes; **Marilyn McCallum,** MGH Pulmonary Unit, an MBTA monthly pass; **Ruth Dempsey,** MGH Nursing, an MBTA monthly pass; **Lisa Miller,** IHP student, a $100 gift certificate from Silver Lake Galleria; and **Nancy Hunsberger,** MGH Dietetics, a free day's bicycle rental for two.

Short sheets provide disaster relief

What do you do with 95 fitted sheets that don't fit your beds? Earlier this year, the MGH Materials Management Department found that a shipment of new sheets had been incorrectly made; the sheets did not fit the mattresses used for patient beds. The vendor replaced the ill-fitting sheets at no charge, but didn't want the original sheets back because they were marked with the MGH name.

Realizing that someone else could probably use the sheets, Materials Management staff contacted the United Way, which in turn notified several of its member agencies. The Boston Red Cross Chapter quickly responded and picked up the sheets for use in its disaster relief operations. The most probable use for the linens will be as part of the support the Red Cross offers to families who have lost their homes in a fire or other disaster.

The following is excerpted from a letter received in April by the Patient Care Representatives Office. Kara Seetharaman, MD, is a clinical fellow in Medicine.

My mother, Gertrude Savoie, was a patient of the Mass. General Oncology Clinic from December 1992 until her recent passing (on) March 17, 1994. My mom was diagnosed with non-Hodgkins lymphoma, which is when Dr. Kala Seetharaman entered our lives.

In this day and age of managed care, time constraints, and luck of the draw, both my mom and I felt so blessed to have fallen under Dr. Seetharaman's care. She portrays the epitome of professionalism, both extremely conscientious and sensitive to her patients' and their families' needs. We trusted her implicitly and knew that nothing would ever be put off until tomorrow. "Wait and see," are not words in Dr. Seetharaman's vocabulary.

I can't tell you enough how much I respect and admire Dr. Seetharaman. I have come to know her as an exceptional physician, caring human being, and supportive friend who treats every aspect of her patients. I will be forever grateful to her for the excellent care given both my mom and myself.

I must also take time to praise the staff of the Medical, Neurological, and Radiation Oncology clinics and Ellison 14 for their part in my mother's care. They are second to none in my book.

Thank you for your attention.

Sincerely,

Diane Savoie, RN
Manchester, NH

PLEASE RECYCLE

MGH HOTLINE

July 1994

A publication of the
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101 Merrimac St., Fourth Floor, Extension 6-2206

Entitled "Mother and Child," the Bulfinch Lawn sculpture that has been admired by the MGH community for years, seems a fitting symbol of the new MGH Mother & Child Center. Artist Ann Leaves donated the sculpture in memory of her friend W. Van Alan Clark, a businessman, philanthropist, and a benefactor of the MGH, who died in 1983 at the age of 63.

Obstetrics program begins providing prenatal care

Prenatal care is now available through the Vincent Obstetrics and Gynecology Service. MGH/Vincent obstetricians and nurse-midwives began seeing expectant mothers July 5, marking a significant step in the creation of a comprehensive obstetrics program at the MGH.

"An essential ingredient responsible for our progress is the outstanding quality of the team we have assembled and the wonderful collaboration among all the departments and the health centers involved in building the obstetrics program at the MGH," says Isaac Schiff, MD, chief of the MGH/Vincent Obstetrics and Gynecology Service.

A special phone line has been set up to provide information and make appointments for women who would like to have their babies at the MGH (see box on page 3). Newly pregnant women whose last menstrual period occurred after May 31 are able to register now for prenatal care at the hospital.

Fredric D. Frigoletto, Jr., MD, chief of Obstetrics, explains the reason for this cutoff date. "We will not have all the systems in place to deliver a premature baby until Nov. 1. After that date, we can register women at any stage of their pregnancy, but until our delivery facilities are ready, we have to follow these guidelines."

Sherrin Langeler, RN, CNM, chief nurse midwife, adds: "We don't want to have to send one of our patients somewhere else if she goes into premature labor. That is the opposite of our program's philosophy, which stresses continuity of care for all patients — mothers and babies."

Eligible patients who call the information line will receive a comprehensive initial telephone screening, including discussion of such issues as past pregnancies, underlying health conditions, and preference of care from an obstetrician or a nurse midwife. Gathering all appropriate information in advance will help the first prenatal care visit go smoothly.

Women inquiring about the MGH program who do not fit the screening guidelines will be referred to other obstetrics programs in the area, including the program at Brigham and Women's Hospital. "The new Partners HealthCare System relationship with the Brigham will be particularly helpful during this transition period," Dr. Frigoletto says.

Ambulatory obstetrics care has been offered for many years at the three MGH health centers, but women who received their prenatal care at the centers delivered at other area hospitals. Ambulatory care for obstetric patients is now expanding to the MGH main campus. In the future, deliveries for new

continued on page 3

A lucky break leads to unusual surgery

WHEN JOHN LEE, MD, of Winchester broke his leg in what he now describes as a "fortuitous fall," doctors discovered cancer in his thigh bone. The 61-year-old chief of Medicine at a local Massachusetts hospital faced two unappealing options: have his leg amputated at the hip or have his femur (thigh bone) permanently replaced with a metal rod, a course of action notorious for failure. A third option offered more hope — go to Henry Mankin, MD, chief of Orthopædics at the MGH.

Well known for performing surgical bone allografts, in which donated cadaver bones are used to replace bone destroyed by disease or trauma, Dr. Mankin helped build the MGH's international reputation in this field of surgery. To date there have been 840 allograft operations at the MGH.

But the surgery Dr. Lee required to save his leg, a total femoral allograft, is rare even by MGH standards:It has been done only nine times here. The MGH is one of the few hospitals in the United States offering this surgical option.

The complexity of total femoral allograft surgery requires two surgical teams to work concurrently. While one team operates on the patient to remove the destroyed femur, a second team prepares and attaches metallic knee and hip joint replacements to the cadaver bone.

continued on page 4

Dr. Chandler, left, reviews the rare operation Charles Dunn needed to salvage his leg. Mr. Dunn underwent total femoral allograft surgery last spring and now walks with a donated cadaver thigh bone attached to metallic knee and hip joints in his right leg.

IHP graduation marks a time of change

"What a time to be in the health professions!" said Samuel O. Thier, MD, MGH president, to the graduates of the MGH Institute of Health Professions (IHP). "Proust said that the only thing that never changes is that each and every generation thinks it is living through a time of great change. Even given that warning, I think it is fair to say that we are living through a time of remarkable change."

Addressing the 73 professionals who received master's degrees at the IHP's 14th commencement June 17, Dr. Thier explained that health care reform is already happening independent of any political maneuverings in Washington. The coming changes, he said, should be welcomed as a long-overdue end to our country's history of a dual health care system, with separate facilities and payment systems for those deemed "worthy" or "unworthy."

"The one thing that Washington can do — the one thing a central government in a federalist circumstance should do — is guarantee equity for all of its citizens, and we need to do that in health care. If they do nothing else than that, I think we can handle the rest of the reform."

Discussing what it means to be a "professional," Dr. Thier recalled the words of Supreme Court Justice Louis Brandeis who said that a profession is characterized by four features: It has a body of knowledge; has a code of ethics; sets and enforces its own standards; and, very important, it values performance above reward.

"That definition of what it means to be a professional is, in my view, the social contract between the health professions and our society," said Dr. Thier. "In that definition lies the responsibility not to sit and wait to respond to what people tell us should be done but to understand and to lead in the evolution of our health care system."

Patrick E. McCarthy, MCP, retiring president of the IHP (see story page 2) told his last graduating class, "This year's students are excellent models for today's dedicated young people advancing their careers in the health professions."

Mr. McCarthy described how the close relationship the IHP has with the MGH and other health care providers allows a smooth melding of the clinical and academic components of education. "These fine programs have attracted exceptional students who will become tomorrow's leaders," he said. "These students are intelligent, caring human beings with a solid idea of where they are and where they want to go. We are proud to have enrolled them, to have taken part in their education, and now to join with them in a celebration of their graduation."

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IHP's President McCarthy retires

After six years as president of The MGH Institute of Health Professions (IHP), Patrick E. McCarthy, MCP, retired June 30.

"I am proud of what we have accomplished as an institution, and I believe the IHP has a great future ahead," says Mr. McCarthy.

Mr. McCarthy credits former MGH General Director John Knowles, MD, with the idea that a great teaching hospital should offer degrees in health professions, not just be a training environment for physicians. When the IHP was established 14 years ago the idea was new, and the IHP was the first institute offering nonmedical degrees connected so closely to a hospital.

"The MGH is interested in the professionals represented by the IHP, and the link between the two institutions creates opportunities to combine first-rate clinical experiences and classroom learning," says Mr. McCarthy. "It was clear when the IHP began that very talented students would be interested in being part of the learning experience created by this link."

Attracting strong students has been a hallmark of Mr. McCarthy's tenure. When he came to the IHP in 1988, there were 90 students. Now there are three times that many. Mr. McCarthy says that developing and attracting first-rate faculty in clinical practice, teaching, and research has been the key to the growth of the student body.

"The future of the IHP is quite clearly tied to educating students to take part in one of the greatest revolutions to hit health care," says Mr. McCarthy. "As sociologist David Riesman wrote in *Individualism Reconsidered*, a special kind of bravery exists — the nerve of failure. As a small, well-placed institution, the IHP is willing to take chances to help make the difference between the health care revolution succeeding or failing."

A special resolution presented to Mr. McCarthy from the IHP Board of Trustees states: "Upon his arrival in 1988, the Institute was in the early stages of its development; the soundness and quality of the Institute's programs needed strengthening, and the fiscal and organizational base of the Institute needed to be fortified. . . . [Mr. McCarthy] negotiated for improved physical facilities and furnishings that are modern and centralized; he encouraged and facilitated the development of new and innovative programs; he led the effort for and achieved a successful 10-year accreditation of the Institute from the New England Association of Schools and Colleges; and he leaves the Institute in sound financial condition."

Patrick E. McCarthy, MCP, E. Lorraine Baugh, MS, RN, chair of the IHP Board of Trustees, and Samuel O. Thier, MD, president of the MGH, gather after this year's IHP graduation.

The IHP is special because it is small enough to offer opportunities for cross-communication among disciplines, says Mr. McCarthy. And because it is a new program, it does not have too many trappings of the past, and can be innovative and progressive.

"The highlights of my time at the IHP all blend together — academic, financial, sociopolitical — and especially the participation of some good people."

A search for Mr. McCarthy's successor is under way. Meanwhile Maureen Gröer, RN, PhD, director of the IHP's Nursing Program, will serve as interim president.

"I couldn't have found a better person," says Mr. McCarthy. "Maureen will keep the institute full of energy until my successor is named."

A little limbo

The Ellison 16 hallway was transformed into a scene from the Caribbean June 10 as patients, visitors, and staff donned island wear and danced the limbo. The children fueled up for the event by making their own ice cream sundaes just before the limbo began. Joining in the fun, Ellison 16 operations coordinator Sharon Stangroom carries her ice cream sundae under the limbo stick as Zuleska Gonzales, 7, left, and Tommy Melville, 13, kindly raise the pole to accommodate her adult height. Child life specialist Lora Feltham, standing, keeps the limbo line moving as, from left, Suzanne Theriault, 5, Christine Magee, 9, and Courtney Theriault, 9, each wait their turn.

— *IHP graduation*

continued from page 1

E. Lorraine Baugh, MS, RN, chair of the IHP Board of Trustees, presented Mr. McCarthy with a special resolution from the board, detailing the accomplishments of his six-year tenure and wishing him well in his retirement.

The award for excellence in teaching was presented to James M. Hodgson, PhD, from the Communication Sciences and Disorders Program. The award is given annually to recognize outstanding accomplishment in such areas as creative teaching methods, sensitivity to individual students' learning styles, receptivity to peer and student evaluation, mentorship, and commitment to enhancing the educational experience of IHP students.

The Excellence in Clinical Nursing Practice Award was presented to John A. Nunes, RN, MSN, who graduated with a specialty in gerontology. Dietetics graduate Mary M. Rybicki, RD, MS, received the Louise Hatch Award, named for the former MGH Dietetics director. Ms. Rybicki's degree included a specialty in management, a new program offered in cooperation with the Heller School, Brandeis University.

The Mary Mankin Award in physical therapy was established by Henry Mankin, MD, MGH chief of Orthopædics, in honor of his late mother. Keith P. Mankin, MD, chief orthopædic resident and grandson of Mary Mankin, presented the award to Michelle Betti Gardner, PT, MS, for her thesis on the effect of gait training in improving the movement of a neurologically impaired patient.

Among the 73 graduates were five receiving degrees in dietetics, 33 in nursing, 10 in physical therapy, and 26 in speech-language pathology, the IHP's newest program. The graduating class was the largest in the IHP's history.

IHP graduates on the Bulfinch Lawn

— Obstetrics program begins providing prenatal care

continued from page 1

patients at both the health centers and the main campus will be handled at the main MGH hospital site. On the main campus, ambulatory offices for the obstetrics program are currently located on the ground floor of the Wang ACC, convenient to such support services as patient registration, blood testing labs, and ultrasound. This fall all main campus patient services of what will be called the MGH Mother & Child Center will move into the new Blake Building. Ambulatory services will be provided at the health centers and on Blake 10 at the main campus; labor and delivery rooms on Blake 14; and postpartum beds and nurseries on Blake 13. (Tours of the new facilities will be offered to hospital employees when construction has been completed, probably in October.)

"For our outpatients, we'll offer one-stop shopping in the Blake 10 suite," Ms. Langeler says. "Everyone involved will be on the same floor, including dietitians, social workers, ultrasound specialists, genetic counselors, obstetricians, and nurse midwives."

Midwives, Ms. Langeler explains, are trained to care for women during normal pregnancies and deliver their babies. "We're also trained to recognize possible complications and consult with physicians, when appropriate," she adds. "Sometimes we co-manage those patients with the physician, but if a serious complication arises, we transfer them to an obstetrician's care."

Dr. Frigoletto stresses the cooperative aspect of the relationship between physicians and midwives in the MGH program. "We believe in a seamless partnership between obstetrics and midwifery. If a patient develops a minor medical problem, there's no reason that she should leave her midwife. We want to provide the kind of care she chooses."

Hiyam M. Dupont, RN, BSN, chief nurse of Ambulatory Obstetrics, says that the principle of continuity extends throughout the prenatal care period. "Because we're a group practice, some patients wonder whether they'll be seen by the same providers on each visit. They will. The only time that would differ is during labor, when the midwife or obstetrician, both are always on call, would manage the labor and perform the delivery," she says.

For patients of the MGH-affiliated community health centers a transition plan has been developed. Expectant mothers who already have a relationship with an obstetrician or midwife are able to stay with their provider and deliver their babies as planned. Anyone preferring to have her baby at the MGH, however, can transfer to the hospital's program if she is not more than 22 weeks pregnant by Nov. 1. By March of next year, the MGH obstetrics staff will provide all pregnancy-related services at the health centers.

One feature that will help integrate the health center services with the hospital-based obstetrics program will be a new, electronic medical record-keeping system. Michael F. Greene, MD, director of Maternal-Fetal Medicine, explains that information and test results for each patient can be entered into computer terminals where they will be instantly available to those involved in her care.

"People won't have to carry paper reports back and forth and worry whether the information they have on a patient is current. We hope that it will make everyone's work a lot easier and make patient care better and more efficient," Dr. Greene says.

The MGH program also emphasizes patient and family education, including special classes to help children prepare for the arrival of a new sibling. Plans are under way to develop a mechanism for a health care professional to visit new mothers, if they wish, at home and provide additional education and support.

According to Dr. Schiff, the success of the obstetrics program's collaborative nature and the development of the MGH Mother & Child Center is due, in large part, to the efforts of Donald Medearis, Jr., MD, chief of the Children's Service, the staff in Neonatology and the Neonatal Intensive Care Unit, and Patricia Donahoe, MD, chief of Pediatric Surgical Services. Many people in the Nursing Department have been central to the planning effort as well, including Gail Kuhn Weissman, EdD, RN, senior vice president of Patient Care and chief nurse executive; Jeanette R. Ives, RN, MS, CNA, chief nurse for the Obstetrical Nursing Service, as well as for Orthopædic and Neurosciences Nursing and Radiation Medicine, and director of Nursing Support Services; and Christina Graf, RN, MS, director of Nursing Management Systems.

"Everyone here is dedicated to helping each patient have the most natural pregnancy and delivery possible, with full consideration of her preferences and sensitivity to issues like ease of access and cultural diversity," Dr. Frigoletto says. "With the support we've received throughout the hospital and with the outstanding advanced services of the MGH available for any unexpected problems, we think our program will be second to none."

Some of the members of the obstetrics program staff: front row, from left: Carey York, MD; Hiyam Dupont, RN, BSN; back row, from left: Fredric D. Frigoletto, Jr., MD; Robert Blatman, MD; Alessandra Peccei, MD; Sherrin Langeler, RN, CNM; Michael F. Greene, MD

Leaders of the MGH/Vincent Obstetrics Program

Chief of Obstetrics
Fredric D. Frigoletto, Jr., MD

Maternal/Fetal Medicine
Michael F. Greene, MD, Director
Robert N. Blatman, MD

General Obstetrics
Carey York, MD
Alessandra Peccei, MD

Midwifery
Sherrin Langeler, RN, CNM, Director
Mary Eliot Jackson, CNM

Nursing
Jeanette Ives, MS, RN, CNA, Nursing Chief
Hiyam Dupont, RN, BSN, Unit Nurse Leader

Ultrasound
Beryl R. Benacerraf, MD, Director
Bryann Bromley, MD
Allan Nadel, MD

Genetics
Lewis Holmes, MD, Director
Wayne Miller, MD
Joan M. Stoler, MD
Marisa Ladoulis, MS, CGC

Neonatology
Elizabeth A. Catlin, MD, chief of the Neonatology Unit
Robert M. Insoft, MD

Call 4-BABY

Women who have recently become pregnant and would like to have their babies at the MGH can call **724-BABY** (724-2229) to register for prenatal care. Physicians who would like to refer an obstetrics patient to the MGH program or to consult with MGH staff members about an expectant mother's care should call a separate number — 724-3358.

— A lucky break leads to unusual surgery

continued from page 1

"This operation is more hazardous than partial allograft surgery. It is more of a challenge," says Dr. Mankin. "You must find the right sized cadaver bone and fit it into the patient's existing soft tissue envelope. You are exposing blood vessels and nerves along the whole thigh, and there is a lot of blood loss. There is the risk of infection and, after surgery, a concern of fracture and rehabilitation for two joints."

Bones for allograft surgeries are procured from the MGH Bone Bank, which Dr. Mankin established in 1971 when he launched the allograft program at the MGH. While many hospitals have small inventories of bones, the MGH's program is unusually large and varied with between 200 and 300 available bones at any given time. Bones are preserved from both surgery patients and cadavers and then frozen. Because the bones are dead, they do not have any blood or viable marrow remaining. This makes the risk of rejection, which is often high in transplant surgeries, very low in allograft procedures.

Ann-Marie Starck, PT, who has treated five total femoral allograft patients, says the rehabilitation process can be divided into two phases. Immediately after surgery, physical therapists work with patients on basic functions like learning to walk, often on two crutches with a somewhat cumbersome brace. As the patient makes progress, rehabilitation focuses on joint mobility, increasing strength and stability of the muscles around the hip and knee, and developing a good walking pattern.

Dr. Mankin's team operates on Dr. John Lee, who received a donated cadaver bone to replace his own cancerous thigh bone, while a second surgical team prepares the donated thigh bone. photo by Michelle Rose, Orthopædic Media Department

In what might seem to be an odds-defying coincidence for such a rare surgery, two additional total femoral allografts were performed at the MGH within a matter of weeks this past spring.

For 61-year-old Charles Dunn of New York, a series of operations following complications from a hip joint replacement had led to significant bone deficiencies. Eventually he fell and fractured his leg so seriously that it was beyond reconstruction.

"I remember when they told me, in front of my daughter, that I could lose my right leg," says Mr. Dunn. "My doctors in New York said they were just not equipped to help me." They suggested he go to the MGH.

According to Hugh Chandler, MD, MGH orthopædic surgeon: "Mr. Dunn has been through terrible problems. By the time I saw him he had only three inches of femur remaining between the bone loss from his previous operations and damage from the fracture. That is not enough for a reconstruction, so we performed a total femoral allograft."

Mr. Dunn now says despite a little soreness in his leg, overall he is feeling great. "I think Dr. Chandler is wonderful, and the MGH is the best hospital."

Also this past spring, a 77-year-old woman came to see Dr. Chandler after a cemented hip replacement became infected. After the infected and damaged area was cleaned up, only a remnant of the femur remained. She too successfully underwent total femoral allograft surgery.

Dr. Lee underwent a successful bone allograft surgery in March. Though it has only been a few months since their surgeries, all three of these patients are now walking.

"Allograft patients do quite well though there are not any professional athletes in the group," says Dr. Mankin. "I think that having some diminished function is probably all right with these patients, considering they all faced losing a leg."

"Island calls" lead to a major gift to the Vincent

NAJMOSAMA NIKRUI, MD, associate gynecologist in the Vincent Memorial Obstetrics and Gynecology Service, is always willing to go the extra mile in caring for her patients.

In the case of Helen Hart, Dr. Nikrui's efforts included making "island calls" to Mrs. Hart's home on Martha's Vineyard after her health had declined to the point where she found it difficult to travel to the hospital.

Mrs. Hart died in 1990 at the age of 89. To express her gratitude to Dr. Nikrui, she bequeathed nearly half a million dollars to the Vincent Service in memory of her father, John E. Howland, and her husband, Howard S. Hart.

Last January, the Vincent Service Ellison 18 nursing station was dedicated in honor of Dr. Nikrui. She has been an extraordinarily committed member of the Vincent staff since joining the MGH as a clinical fellow 18 years ago and is known for her advocacy for cancer patients, the elderly, and for women's health care in general.

Dr. Nikrui, left, and Mrs. R. Morton Claflin, honorary trustee of the MGH and co-chair of the MGH Leadership Campaign, at the dedication of the Ellison 18 Vincent Service nurses station. photo by Jeff Thiebauth

Swishhh, vrroom

Michael McCarthy, 2, goes for a test drive and Stephanie Tamanini, 2½, checks out the slide while Christina Tamboli, 1½, who is more interested in the toys than posing for the camera, watches. Thanks to a $750 donation from the Ladies Visiting Committee, pediatric patients have a new set of toys to play with when they come to the MGH. Seated in back, from left: Brenda Ferdinand, Pediatric Ambulatory Care operations manager; Alice Hatch, Ladies Visiting Committee; Lucy Burr, Ladies Visiting Committee; and Rhonda Watler-Young, Pediatric Group Practice secretary.

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MGH HOTLINE UPDATE

July 1, 1994

Task force briefs hospital leaders on cost reduction progress

In the months since Brigham and Women's Hospital (BWH) and the MGH announced their decision to affiliate, the Cost Reduction Task Force has been working to determine areas within the institutions that can operate more efficiently at lower cost.

Members of the task force reviewed their progress thus far and discussed future directions for Partners HealthCare System, Inc., at two briefing sessions with clinical and administrative department heads at BWH and the MGH last week. Task force Chairman Jeffrey Otten, also chief executive officer at BWH, said that the need to achieve savings will exist for some time.

"This process is continuous and is not likely to end after the first, second, or any subsequent cost-reduction teams meet their goals," said Mr. Otten. "We are doing this a lot better together — efficiently and effectively — than we would have done separately."

The need for communication was the overriding theme at the briefings at each hospital. Members said that keeping employees and staff updated on changes and seeking their input on cost-saving methods at both BWH and the MGH are primary goals of the task force.

The task force has already begun implementing its plan to identify, quantify, and rank specific targets for savings; develop broad implementation plans for achieving the targets; recommend an organizational approach to define and implement recommendations, and develop guidelines for restructuring.

The Cost Reduction Task Force has set a three-year cost-reduction goal of $250 million for the two institutions. BWH is expected to achieve a $60 million savings, and the MGH $75 million, as part of their respective ongoing, multi-year cost-reduction efforts. The Cost Reduction Task Force is responsible for targeting the remaining savings of $115 million from the combined operations.

The task force has determined a number of first-round areas believed to offer potential savings and consolidation opportunities. These "first-round teams" will involve materials management, pharmacy, central sterile services, and invasive cardiology supplies and services at each hospital. Targeted for review in the second round are clinical laboratories, blood banks, facilities, and capital planning.

Catherine Robbins, MGH senior vice president and chief financial officer, described during her presentation the criteria used by the task force in evaluating cost-reduction opportunities. "We're analyzing areas for potential review on the basis of savings opportunity, ease of implementation, and capital investment," she said.

Peter Slavin, MD, MGH senior vice president and chief medical officer, identified additional areas for possible future collaboration beyond first- and second-round teams. These areas ranged from coronary artery bypass graft surgery to stroke and ancillary utilization. "We think we can make great strides with these teams, but we are eager to achieve even more," said Dr. Slavin. "If we realize our potential, we will have significantly reduced the unit cost of the care we provide."

(more on reverse)

Survey seeks employee opinions on affiliation

The presentation of the Task Force on Cost Reduction *(see story at left)* addressed a need for information identified in a recent employee opinion survey. The purpose of the survey, commissioned by BWH and the MGH in March, was to identify key attitudes and concerns among staff and employees about both institutions and the affiliation.

According to the survey, employees at both institutions felt they were not being given sufficient information about plans for the newly affiliated institutions. A summary of the key findings of the survey noted that most employees believed that, even though they recognized that all of the details had not been finalized, issues were under discussion and decisions were being made that were not being sufficiently communicated.

"It is important," says Samuel O. Thier, MD, president of The Massachusetts General Hospital and of the Partners HealthCare System, "for the hospital to identify key concerns and perceptions of its employees and staff, and then to structure communications to keep them appropriately informed."

"Presentations to hospital leaders and other employees, as well as regular updates in the *BWH Bulletin* and *Hotline Update*, are among the ways we are working to better communicate with our medical staffs and employees," said H. Richard Nesson, MD, chief executive officer of Partners.

The survey revealed that while there remain many questions surrounding the affiliation, most believe it to be a wise move in light of health care reform and changes in the marketplace.

(more on reverse)

—MGH leaders briefed on cost reduction progress

Collaboration between the hospitals' finance departments has already rendered additional benefits to employees (*Hotline Update*, June 24). Jay Pieper, BWH senior vice president and chief financial officer, announced at the briefings that Bank of Boston will soon offer savings on banking services to BWH and MGH employees. He also announced the $1.5 million combined annual savings to the hospitals that resulted from this joint effort.

John Gaida, BWH vice president, Support Services, who is overseeing the Materials Management Project Team, presented the charter, plan, and timeline for his group, which served as a team model at the briefings. The team's major goals are to create a plan to save $21 million in 24 months, develop a plan for supporting other project teams within the hospitals, suggest an ongoing process for production and service standardization within the hospitals, and recommend possible consolidation and integration opportunities within Materials Management areas.

The Materials Management Team expects to offer a final report on the findings in November. "It's very important that we do it thoughtfully and that we do it once," said Mr. Gaida.

Describing the human resources principles for Partners, Jeff Davis, MGH senior vice president for Human Resources and Continuous Improvement, said policies and procedures specifically addressing reductions in force related to the affiliation will be created and formalized, and employee relations issues specifically associated with cost reduction activities will soon be identified and addressed. Mr. Davis also said employees affected by future cost reductions would be informed before notification of the general employee population and the public.

The briefing sessions, organized by the Development and Public Affairs Offices of BWH and the MGH, are the first in a series planned to keep BWH and MGH employees and staff informed as to the progress of the affiliation. *Hotline Update* will report on upcoming sessions.

In addition, *Hotline Update* will inform employees about the progress of the remaining Partners task forces in the coming months. They include Clinical Training and Clinical Services, Physician Participation, Primary Care, and Research.

— Employee survey

When asked about their understanding of the need for affiliation between the two hospitals, employees pointed to excess hospital beds in the Boston area, competition from other hospitals, decreasing patient referrals, decline in hospital census, shorter hospital stays, lower compensation for tests and procedures, and the growing dictation of care and payments of services by insurance companies.

Overall, employees believed that under the new alliance the two hospitals may gain negotiating power for purchases and network affiliations, share educational resources and research, increase referrals and draw from a wider area, slow layoffs as systems improve, and provide better access to quality care for the community.

Impressions of BWH and the MGH

Employees from both institutions considered the MGH to be a more established, traditional hospital that emphasizes patient care more than research or teaching compared with BWH, which has a more balanced emphasis among the three areas. The MGH was perceived to be stronger in cardiovascular care, while BWH was seen as having greater strength in OB/GYN and transplantation.

Employees from both institutions also thought BWH had better data processing, billing, and accounting systems, and was generally more prepared for the affiliation. Many employees also expressed concerns about the opening of an obstetrics program at the MGH.

MGH employees expressed a strong feeling of dedication and pride in the hospital and felt that the MGH has a more entrepreneurial environment that is more democratic and committee-oriented and less connected to senior management than BWH. MGH employees expressed concern about the decreasing size of the hospital and anxiety about the increased workload, while BWH employees had pervasive fears regarding impending layoffs. (These interviews were conducted in the weeks immediately before the well-publicized BWH work force reduction that took place in early May.)

BWH employees said they had a high regard for H. Richard Nesson, MD, former BWH CEO while MGH employees expressed positive expections of Samuel O. Thier, MD.

Conducted by Hill, Holliday, Connors, Cosmopulos, Inc., the survey consisted of 15 one-hour individual interviews with physicians and researchers, and 10 two-hour focus groups with department heads, nurses, professional staff, and representatives of the general employee population. Each focus group consisted of 10 people. Participation in the research study was voluntary and participants' views were solicited with assurances of confidentiality.

Radiation Safety sponsors open house

Have questions about the MGH's new low-level radioactive waste facility? The Radiation Safety Office is holding an open house at the storage room Thursday, July 7, to offer MGHers a chance to see the new facility before it is put into operation. Learn about why this room was constructed, how it will operate, the built-in, state-of-the-art safety features, and the required oversight and control procedures. The open house will run from 8 am to 4 pm. Those wishing to attend should enter through the ground-level service building doors, next to the steps leading from the Bulfinch Lawn to Treadwell Library and the Bartlett Extension. For more information, call Radiation Safety at ext. 6-2425.

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MGH HOTLINE UPDATE

July 11, 1994

Richard R. Crater assumes role of hospital's chief executive officer

After 15 years of service in various financial and administrative roles at the Massachusetts General Hospital, Richard R. Crater assumed the position of chief executive officer July 1. Since 1992 he has served as the hospital's chief operating officer, and most recently as CEO designate.

"I am delighted by the opportunity to lead the extraordinarily talented management team and the dedicated employees and staff here at the MGH," says Mr. Crater. "Given today's rapidly changing health care environment, it will take the collective expertise of the entire MGH community to successfully guide the institution into the future."

Mr. Crater says it is an exciting time to be at the MGH. "We have an incredible opportunity to create an unparalleled system of care for the New England region and beyond as we work with Brigham and Women's Hospital and other providers to develop Partners HealthCare System, Inc."

Mr. Crater served as chief financial officer for the hospital from 1986 to 1990. From 1990 to 1992 he was associate general director for Administration and Finance, and he served the hospital as chief operating officer from 1992 to 1994.

From 1989 to 1994, he held the position of vice president for Finance for The Massachusetts General Hospital, the hospital's parent corporation.

In his role as chief operating officer he developed the overall direction for hospital operations, and implemented a chief-of-staff model for covering various executive information-handling and decision-making processes. He was also actively involved in the recruitment and development of senior managers.

Mr. Crater's initial position at the MGH was from 1975 to 1977, when he served as an administrative fellow, concentrating on clinical administration, nursing management, and fiscal affairs. He went on to serve as corporate treasurer of Church Home & Hospital of the City of Baltimore. In 1979 he returned to the MGH to manage budgeting and cost accounting. From 1981 to 1986 he served as associate director for Fiscal Affairs.

Serving in the U.S. Navy from 1968 to 1972, Mr. Crater was awarded the Navy Achievement Medal for staff work on the computerization of war plans for war gaming analysis.

He earned his bachelor's degree in history from Duke University in 1968, and holds a master's degree in business administration with high honors from Boston University.

Otten named BWH CEO

Jeffrey Otten, who has served as chief operating officer of Brigham and Women's Hospital, was promoted to chief executive officer by the BWH Board of Trustees June 22.

Grant funds Timilty program expansion

The MGH has received a five-year, $375,000 grant from the Howard Hughes Medical Institute (HHMI) to fund a new Science Connection Program with the Timilty Middle School in Roxbury. The program will build on and significantly expand the existing partnership with the Timilty, which began in 1986.

Gail Kuhn Weissman, EdD, RN, senior vice president for Patient Care and chief nurse executive, explains that the existing Timilty program has been successful in getting students interested in science, but there has been little opportunity for follow-up or integration with programs for students as they move into high school. The HHMI grant will help strengthen the link between MGH and the Timilty, and aid in structuring work-study options that can lead students into science careers. Components of the Science Connection Program include mentoring relationships between students and MGH scientists, special interactive science classes and field trips, production of educational videotapes and curriculum guides, and a summer fellowship program for Timilty teachers.

"Winning this award affirms that MGH and the Timilty are on the right track in their efforts to support science education and to encourage diversity in the scientific community," Dr. Weissman says.

In General

Thomas B. Fitzpatrick, MD, retired chief of Dermatology, was honored by a proclamation issued by Governor Weld that declared May 2, 1994, "Dr. Thomas Bernard Fitzpatrick Day in Massachusetts." The proclamation recognized Dr. Fitzpatrick's contributions to dermatology; his leadership at the MGH, Harvard Medical School, and in the world medical community; his accomplishments as an educator; and his efforts to enhance the lives of others.

Henry M. Kronenberg, MD, chief of the Endocrine Unit, received the Gerald D. Aurbach Lecture Award from the Endocrine Society at its annual meeting in June. An internationally recognized expert on the molecular biology of bone and mineral metabolism, Dr. Kronenberg was honored particularly for his pioneering studies of parathyroid hormone. Among other accomplishments, he was first to clone the gene that controls the hormone's production.

Vincent L. Cryns, MD, Endocrine Unit, was one of five recipients of Merck Senior Fellows Awards, presented at the Endocrine Society annual meeting. The awards, based on research abstracts submitted by applicants, promote and encourage the training of physician investigators studying all areas of endocrinology.

Maureen Spencer, RN, MEd, director, Infection Control Unit, and **Dale Ford, RN, MPH**, infection control practitioner, recently attended a conference of the Association for Professionals in Infection Control and Epidemiology during which they presented three abstracts: "Implementation of an Algorithm for Isolation of Hospitalized Patients with Suspect Tuberculosis"; "A Health and Safety Multimedia Educational Resource Kit to Deliver Annual Required Training to Health Care Workers"; and "Needle Protection Devices: Potential Risk of Surface Contamination During Activation."

MGH *in the* News

Reminder: Filming for the 20th Century Fox Television series "Trauma Center" will continue through July, mostly on evenings and weekends. Featuring the MGH Emergency Department, the program will follow several patients during their inpatient stays and perhaps after discharge.

June 20 — Julie Atwood, director, Speech-Language Pathology, was interviewed by the *Quincy Patriot-Ledger* regarding treatment of stuttering in adults.

June 22 — Emmett V. Schmidt, MD, MGH Cancer Center, was interviewed by WCVB-TV, Channel 5, United Press International, and Cable News Network regarding an MGH-based collaborative study that provided the first evidence that the cyclin D1 gene, which plays a key role in stimulating cell division, can function as a cancer-causing gene in animals.

June 24 — Ronald G. Tompkins, MD, ScD, chief of Trauma and Burn Services, and **Ronald L. Sheridan, MD**, burn surgeon, were interviewed by *The Boston Globe* and *The Boston Herald* about the need for a local hyperbaric chamber facility to treat victims of smoke inhalation.

What's Happening

General Store sample sale set for July 14
The MGH General Store will hold its annual Salesman Sample Sale Thursday, July 14, from 10 am to 3 pm on the Bulfinch Patio. End-of-the-season samples and close-out stuffed toys, sunglasses, T-shirts, as well as cosmetic and travel bags will be available for up to 50 percent off their manufacturers' suggested retail prices.

The following is excerpted from a letter Materials Management received in June from the grateful sister of a patient.

I wish to congratulate you on your Transportation and Security divisions. In particular I wish to commend Mr. John Bump, a shuttle bus driver in your Transportation Division.

On May 18 I had occasion to take the 2:45 pm hospital shuttle from Charlestown BHHC [Bunker Hill Health Center] to MGH to visit my sister, a patient at the hospital.

Hours later I realized that I had misplaced my pocketbook, which contained a small amount of cash, personal papers, keys, credit cards, medical cards, etc. I was devastated!

I arrived home at approximately 7:25 pm. As I opened the door with a borrowed key, the phone was ringing. It was a member of your Security staff.

He advised me that a bus driver had found my pocketbook, brought it to the Security Division, and requested that I be informed of its safety as soon as possible. I was delighted. I was able to retrieve my pocketbook intact the following afternoon.

The prompt action of both the bus driver and the Security Division saved me hours of worry that evening, to say nothing of the number of phone calls to credit card companies, stores, etc.

I want to thank you for the efficient manner in which your staff handled what was a disconcerting problem.

Your fine staff – both Transportation and Security – are to be congratulated. I particularly wish to commend Mr. Bump. His competence, integrity, and more important, compassion in a situation such as mine, affirms my faith in my fellow man.

In an age of pessimism I remain ever the optimist! Thanks again.

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MGH HOTLINE UPDATE

July 15, 1994

Survey will ask patients "How are we doing?"

Listening and responding to what patients want will enable the MGH to improve the quality of care it provides and better meet the needs of its patients. As the way health care is delivered changes and competition for patients grows, it becomes increasingly important to gather feedback from patients about how they rate the care and services provided at the MGH.

This summer, the MGH will begin routinely measuring patient satisfaction, with the assistance of the Nashville Consulting Group (NCG). Results from the survey will be used to set priorities and evaluate efforts to improve the patient experience at the MGH.

At first, surveying will measure inpatient satisfaction. The MGH is collaborating with Brigham and Women's Hospital to refine a survey tool to measure outpatient satisfaction in the future.

"It is crucial for us to ask the people who come to this hospital what they think we are doing well and what we could do better," says Peter Slavin, MD, senior vice president and chief medical officer. "We want to base our improvement efforts on what they tell us."

A randomly selected group of MGH inpatients will be mailed a questionnaire two to four weeks after discharge. The survey will include questions about patient satisfaction with daily care, information exchange, and billing. Questions specific to services of physicians, nurses, and hospital support staff are also included, as are ratings of staff efficiency and patients' general sense of how well care was provided. To measure their health status and their ability to function, patients will be asked about their daily activities and routines,

continued on back

MGH, BWH rated "Best of the Best"

Once again the MGH has been named among the "Best of the Best" by the *U.S. News and World Report's* annual survey of America's hospitals. The findings reaffirm the quality of care offered by Partners HealthCare System, Inc., as the MGH and Brigham and Women's Hospital are the only two New England hospitals to make the "Best of the Best" list.

The MGH ranked fourth in the overall nationwide hospital listing, with top-10 rankings in 11 specialties. The highest rated hospital in the Northeast for the fifth year in a row, the MGH has been among the leading institutions ever since the magazine began conducting the survey.

"I am pleased that the Massachusetts General Hospital and Brigham and Women's Hospital are again among the top ranked hospitals in the nation in *U.S. News and World Report's* annual hospital survey," says Samuel O. Thier, MD, president of The Massachusetts General Hospital. "This type of recognition reflects the exceptional quality and depth of services the hospitals offer. It not only acknowledges the expertise and dedication of the hospitals' medical staffs and employees, but also reassures the patients and families we serve that the finest medical care available is right here in Boston."

BWH was tied for eighth place in the overall ranking, with four specialties in the top 10. McLean Hospital, an affiliate of The Massachusetts General Hospital parent corporation, was named the best psychiatry program in the nation for the fourth straight year. Massachusetts Eye and Ear Infirmary, a sister institution of the MGH, ranked first nationwide in otolaryngology, and fourth in ophthalmology.

The "Best of the Best" top-10 specialties for MGH were: AIDS (3), cardiology (3), endocrinology (2), gastroenterology (3), geriatrics (6), gynecology (5), neurology (2), orthopedics (3), rheumatology (6), urology (9), and psychiatry (7). MGH also achieved a high ranking in cancer (12). BWH was ranked in the top 10 in cardiology (6), gastroenterology (9), gynecology (4), and rheumatology (3).

The *U.S. News and World Report* cover story also included short profiles of a staff member from each of the four top-ranked hospitals. Michael Dozier, MGH orthopedic technician and physician's assistant, was spotlighted. The issue also includes photos of four other MGHers: Edwin Cassem, MD, chief of Psychiatry; Martin Hirsch, MD, physician and AIDS researcher; Dinesh Patel, MD, associate orthopedic surgeon and chief of the Arthroscopic Unit; and Lynn Sullivan, RT, respiratory therapist.

In a more focused study of local hospitals conducted by the surveyors for *The Boston Globe*, the MGH ranked first in AIDS care and cardiology and second in gynecology and cancer care.

National Opinion Research Center (NORC), a noted social-science research group at the University of Chicago, conducted the survey and produced the rankings for *U.S. News and World Report.*

To determine the ranking, NORC asked 2,400 board-certified doctors to nominate the five best hospitals in their respective specialties in the United States; reviewed the Health Care Financing Administration's hospitalwide death-rate statistics; and scored nine categories cited by doctors as critical to hospital quality.

The overall rankings of the survey, based on the number of specialties in the top 10, showed Johns Hopkins in Baltimore first, followed by Mayo Clinic, Rochester, Minn., and UCLA Medical Center in Los Angeles.

Helping visitors navigate the MGH

Navigating hallways, criss-crossing lobbies, searching for elevators, retracing steps — people need help finding their way around the maze-like MGH campus. More than 20,000 employees, patients, volunteers, and visitors enter the hospital every day. To improve the MGH's ability to meet their need for accurate information and help them find their way, the MGH Information Team was established last fall.

Charged with improving the quality of information at the main entrances and six other key sites, the team has identified what information is needed and is developing effective communication methods. Additionally, the group has set communication standards and defined a strategy for keeping information current.

"We want to serve both our internal and external customers better," says team leader Eileen McNamara, a supervisor in Admitting Services. "A key to the success of this project is its multidisciplinary nature. People from many hospital disciplines are participating, including representatives from Police and Security, Physician Referral Services, Planning and Development, Communications, Volunteer Services, and Admitting Services."

Already the team has established the Conference Line, a clearinghouse of information on conferences at the MGH. People hosting conferences can leave pertinent details on a voice mail box at ext. 4-CONF (2663). The White Information Desk staff retrieves the information and maintains a calendar of all scheduled conferences, which is used to answer questions and direct attendees. Other projects in the pipeline include the creation of new, easier to use campus maps and the development of a computerized, up-to-date directory of phone numbers and office locations.

Those with questions or ideas about improving the flow of information are encouraged to call Ms. McNamara at ext. 6-5359.

— Survey will ask patients "How are we doing?"

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changes in condition, and ability to return to work.

There is additional space on the survey for recommendations and suggestions, and patients are invited to include their name and telephone number if they would like to be contacted by MGH staff.

The surveys will be returned to NCG, where the results will be analyzed. Reports from NCG will be widely available in the fall and will include comparisons with other hospitals in NCG's database.

The hospital's Continuous Improvement Steering Committee provides oversight for this effort and has committed funds to support projects aimed at improving the patient experience. Any questions can be referred to Carolyn Cigarroa at the Clinical Practices Evaluation and Management Unit, ext. 6-5215.

What's Happening

Stressed and have heart disease?
The MGH Preventive Cardiology group is seeking volunteers with a "Type A" personality, short-fuse, or impatient nature, with known coronary heart disease. Those between the ages of 35 and 70 who are willing to participate in a study involving a new medication for the treatment of stress in cardiac patients should call Kathy McKool at ext. 6-9278.

A new direction on campus
The new Blake and Cox corridors on the first floor opened Monday, July 11. The bypass corridor will continue to be used for access to the Chapel until the new Chapel entrance off the Blake corridor is ready early this fall. In addition, the vending machine area will be accessible from both the new Blake corridor and the bypass corridor.

In General

Priscilla J. Slanetz, MD, MPH, a third-year resident, was recently elected the resident member of the American Medical Association Council of Scientific Affairs. The council's goal is to increase awareness of the scientific mission within the AMA as a means of protecting the quality of medical care and promoting public health. Issues for the upcoming year range from the impact of health care reform on biomedical research to silicone breast implants and breast cancer screening. Dr. Slanetz has been a member of the American College of Radiology Committee on Research and Technology Assessment of General and Pediatric Radiology since 1991 as well as resident representative to the Massachusetts Radiologic Society since 1992. Her research interests are in technology utilization and assessment.

Edward W. Webster, PhD, chief of the Radiological Sciences and Technology Division of the Radiology Department, has been appointed as the consultant on radiation dosimetry to the Presidential Advisory Committee on Human Radiation Experiments, Washington, DC.

Barbara Berkman, DSW, director of Social Work Research and Quality Assessment in the MGH Social Service Department, has been named the winner of the Ruth Knee/Milton Wittman Award for Outstanding Achievement in Health/Mental Health Policy from the National Association of Social Workers (NASW).

Dr. Berkman was specifically honored for her research and work on quality assessment and outcome measures for social work services. She was a leader in NASW's efforts to develop model clinical indicators for social work services in acute medical facilities.

The NASW's Ruth Knee/Milton Wittman Award each year honors the social worker who has made the greatest contribution to social work in the United States. Dr. Berkman will receive the award at the NASW annual meeting in October.

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MGH HOTLINE UPDATE

July 22, 1994

Primary care is vital new emphasis

THE PRACTICE of primary care medicine has always been an integral part of Brigham and Women's and Massachusetts General hospitals. But, as in other major academic medical centers, it has never been a highly visible component of the broad spectrum of available specialties. No longer.

The Primary Care Task Force, one of seven task forces established by the Operating Committee of Partners HealthCare System, Inc., is now grappling with the issue of increasing primary care within Partners without losing sight of the hospitals' mission to provide the best possible quality care.

Lee Goldman, MD, Primary Care Task Force chairman and BWH chief medical officer, says Partners' winning formula is to maintain and enhance excellence in teaching, research, and clinical care while expanding and excelling in the practice of primary care.

"Our goal is to have the Brigham and Women's Hospital remain the BWH and have Massachusetts General Hospital remain the MGH — and expand on them," says Dr. Goldman. "We're still determined to provide the best highly specialized care, and for some time both institutions have had outstanding but relatively small primary care practices. Now, however, Partners must become bigger and better in both adult and pediatric primary care."

Health care reform and marketplace dynamics have sparked this gravitation toward primary care. Most health care professionals agree that, to ensure universal coverage at an affordable price, health care will move in the direction of managed care with a primary care physician serving as coordinator of a patient's care.

This method of health care, dictated largely by insurers and employers, aims to reduce costs often associated with specialists. The goal of managed care organizations, traditionally health maintenance organizations (HMOs), is to transfer the risk onto primary care physicians by allotting them a predetermined amount of money for the care of an insured individual. In turn, physicians are expected to avoid expensive or unnecessary treatment, thus leading to lower costs. The managed care model rewards physicians for savings, unlike the fee-for-service payment system in which physicians are paid per procedure.

"In an effort to make health care more affordable, large insurance companies and employment organizations began imposing stricter controls. Now they dictate which physician a patient can see," says Britain Nicholson, MD, director of Primary Care at MGH, and a member of the task force. "By linking more primary care physicians with BWH and MGH, it is increasingly likely that when their patients need specialized services, these will be provided at the two specialty hospitals."

According to Dr. Goldman, in the new health care environment different strategies must be used to achieve the original mission. "The world has changed," Dr. Goldman says. "What has been demanded of us has changed. We must respond to that or we're going to become extinct."

As Partners expands to meet the requirements necessitated by reform and a cost-conscious marketplace, BWH and MGH will no longer be solely academic medical centers but, rather, the hub of an integrated health care delivery system that includes a network of community hospitals and

(more on reverse)

Richard R. Crater, CEO, has moved to White 1 as of today. He can now be reached at ext. 6-2100.

Treasury departments the first to integrate under Partners

IN AN EFFORT to achieve affiliation efficiencies, the BWH and MGH Treasurer's Offices have been successfully combined into one, the first reorganization effort under the new Partners HealthCare System, Inc.

With offices at 101 Merrimac Street, near the MGH campus, the new department will provide treasury services for the newly created Partners HealthCare System, Inc., and its affiliates, including MGH and BWH.

The decision to reorganize the Treasurer's Office was made just last month when Partners senior managers asked Joseph Trainor, newly appointed deputy treasurer for Partners, to lead the new group and the effort to integrate the two departments. The Treasurer's Office manages issues such as banking; investment of operating, endowment, and pension funds; insurance; and investor relations. Mr. Trainor, former BWH assistant treasurer, will report to Robert Scott, Partners vice president for Administration and Finance. Peter Blatchford, who led the MGH treasury function and worked closely with Mr. Trainor on this process, has been named director of Treasury Administration.

"This is the very first department to be reorganized under Partners in order to address the needs of the system as well as to achieve efficiencies," says Mr. Trainor.

Mr. Trainor attributes the fast action of the reorganization effort — it took only one month — to the success of a team approach in re-engineering and rethinking how business is done. "We worked closely to determine what the treasury needs of Partners would be. And we made meeting those needs our priority," he says. "We went through the cost-reduction efforts and identified opportunities for savings and process efficiencies. Together we decided that an organizational change would prove most effective."

(more on reverse)

— Primary Care Task Force

primary care physicians—very different from the model of the past.

Issues being addressed by the task force include retraining subspecialists as primary care physicians; reshaping the roles of obstetrician/gynecologists, nurse practitioners, and physician assistants in general medicine; and credentialing family practice physicians. Strategies to increase the recruitment of non-BWH and non-MGH primary care physicians are also being explored.

The task force is looking into ways for the MGH and BWH to offer subspecialists opportunities to retrain as primary care physicians. Citing the need for such retraining, Dr. Nicholson says there are far fewer primary care physicians than subspecialists in the two hospitals.

The Primary Care Task Force expects to make recommendations this month as to what models of primary care it believes will be most feasible for the organization. Potential models include the expansion of primary care physicians at both of the BWH and MGH Boston campuses; increased numbers of primary care physicians off-site; the affiliation with group practices off-site; and individual physician contracts. Partners is likely to incorporate all of these models, with the hope of tailoring each option to appeal to different types of physicians, says Dr. Goldman. The task force is also charged with determining how to incorporate those models into the new affiliation.

In transforming the hospital's physician base from one dominated by specialists to one with an emphasis on primary care, the role of the specialist and subspecialist will unavoidably change, says Dr. Goldman. "We have the best and the brightest specialists here. Some will be able to continue in their current roles, some may spend more time doing research, some may choose to become a part of the larger network and affiliate themselves with other hospitals as well, and others may choose to return to primary care."

As the task force continues to define the role of primary care physician, Dr. Goldman says he sees the primary care provider as a coordinator for the patient. "It is important that the primary care physician not become a roadblock but rather an educator and an advocate," he says.

BWH members of the task force are: Robert Barbieri, MD, chairman, OB/GYN; Joseph Dorsey, MD, chief, HCHP, Division of Medicine; Dr. Goldman; Anthony Komaroff, MD, director, Division of General Medicine and Primary Care; Neil Resnick, MD, chief, Gerontology; Beverly Woo, MD, Division of General Medicine; and Craig Samitt, MD, staff physician.

MGH members are: Ronald Kleinman, MD, associate chief, Children's Service; Albert Mulley, MD, chief, General Internal Medicine Unit; Dr. Nicholson; Isaac Schiff, MD, chief of Vincent Memorial OB/GYN; Thomas Stern, MD, Chelsea Health Center; Gail Kuhn Weissman, EdD, RN, senior vice president for Patient Care and chief nurse executive; and Kate Walsh, vice president for Medical Services and Primary Care.

MGH in the News

Samuel O. Thier, MD, MGH president, participated in a special edition of *Good Morning America* devoted to health care reform on July 19. Several groups of people from around the country questioned First Lady Hillary Rodham Clinton about aspects of the President's plan and their concerns. The panel of health experts, including Dr. Thier, was chaired by Timothy Johnson, MD, ABC's medical editor, and broadcast live from Ellison 8.

PATCOM computer applications upgrade

The PATCOM (PATient COMmunications) group of computer applications, which make up the hospital's patient information management system, will undergo a significant upgrade, effective August 1. The upgrade, the first since the system was installed in 1985, will affect the following programs: Admission/Discharge/Transfer, Census Management, Billing, Coding, and Fiscal Reporting.

As a result, the hospital will soon have a vendor-supported system providing enhanced features and functions to meet changing health care business requirements, a new and more powerful computer that will process more information faster than is now possible, and a system with the ability to add new programs when necessary.

To accomplish the upgrade, access to the PATCOM system, both on-line access ar reports, will be suspended from about 5 Friday, July 29, until about noon, Sunday, July 31. During that time, the Admitting Office will function as a clearinghouse for patient location inquiries. Because Admitting will be operating under manual "down time" conditions, there may be slight delays in fulfilling information requests.

The system upgrade represents the culmination of a year-long project involving many individuals and departments throughout the hospital who worked to make the project a success.

—Treasury department

Mr. Trainor met with BWH and MGH Treasury staffs earlier this month, held individual employee meetings and subsequently interviewed employees for the selection process in recent weeks. In order to eliminate duplication of effort among treasury operations at the two hospitals, staff members were asked to reapply for modified and expanded positions under the restructured system.

Almost everyone within the former departments has already been offered new positions, either within the new Treasury Office or somewhere else within the two hospitals.

Joanne Holden, recently named insurance manager for Partners, says the two departments knew Treasury was an obvious area for consolidation. "It certainly makes sense for these two offices to combine. Considering the $1.5 million savings Treasury recently secured in banking services, it just seemed like an opportune time to begin the consolidation." Ms. Holden was previously insurance manager for MGH.

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MGH HOTLINE UPDATE

July 29, 1994

An interview with Ellen M. Zane: Building a Partners network

Ellen M. Zane, vice president and network president of Partners HealthCare System, Inc., is working to build a comprehensive network of health care providers for the new system. Before joining Partners, Ms. Zane was the chief executive officer of Quincy Hospital. Prior to her tenure at Quincy Hospital, Ms. Zane served as vice president for Professional Services at Morton Hospital and Medical Center in Taunton from 1979 to 1987. Previously she was a speech-language pathologist at Lawrence General Hospital.

What has been your focus since you joined Partners in May?

I have been working with my colleagues at BWH and the MGH to plan the best ways to develop a network of community physician groups and hospitals that will relate to Partners HealthCare System. We want to build an integrated, high-quality system of primary, secondary, and tertiary care providers for the eastern Massachusetts population. Our network will also include specialty, rehabilitative, and long-term care providers. I see the MGH and BWH as the tertiary care sites for the entire system and tertiary, secondary, and primary care sites for their local service areas. By building a strong network we can ensure that care is provided in a cost-effective, efficient manner, and we can offer the highest quality care available while being mindful that it is our responsibility to be patient oriented.

How are you building the network?

The good news is that Partners is perceived as very prestigious, and providers recognize the quality of BWH and the MGH. This recognition is very helpful to the whole network-building process. We must continue providing excellent care but in increasingly efficient ways.

We are really on two tracks. One track is building our infrastructure so that we can acquire, manage, and provide central services to those joining the Partners network. Building the infrastructure means, among other things, practice management advice and managed care contracting assistance. Simultaneously, we are traveling on a second track that involves continuing with some of the networking that was in the pipeline before I arrived.

I am working closely on these initiatives with help from physicians and employees at both the MGH and BWH: people like Lynne Eickholt [MGH vice president of Managed Care, Marketing, and Planning], Bruce Goldstrom [BWH vice president of Planning], Dr. Sam Kim [pediatric surgeon and president of Massachusetts General Physicians Corporation], and Dr. Gilbert Mudge [director of Clinical Cardiology at BWH].

Can you describe the process?

We are embarking upon a strategic planning process that will help us determine where, when, and with whom we should be affiliating, and we expect to have a formal business plan in place by late fall.

Physicians at both hospitals are absolutely key to planning and building the network — I can't stress that enough. In addition, the Market/Network Task Force, one of the seven task forces established by the Operating Committee of Partners, has been very active. That task force, which includes representatives from

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Partners rolls forward

Shuttle links MGH, BWH

BEGINNING AUG. 1, a direct shuttle between the MGH and Brigham and Women's Hospital (BWH) will operate Monday through Friday from 7:30 am to 5:30 pm. Initiation of the shuttle service is in response to the increasing numbers of physicians, managers, researchers, and other employees who travel between the MGH and BWH each day.

The shuttle will be available to employees from the MGH, BWH, Harvard Medical School, or another affiliated hospital or university. Patients and visitors will also be able to ride the shuttle.

The shuttle will depart from each campus every 40 minutes. Each one-way trip will take 20 minutes, with three stops: at the front of the Peter Bent Brigham Building at 15 Francis St., the MGH Trustees' House on N. Grove Street, and the MGH Police and Security booth at the bottom of the ramp leading to the White Building.

For more information call ext. 6-2250 or 6-8210. The schedule will be as follows:

MGH (White Ramp) Arrive/Depart	**BWH** Arrive/Depart
am 7:30	am 7:50
8:10	8:30
8:50	9:10
9:30	9:50
10:10	10:30
10:50	11:10
11:30	11:50
pm 12:10	pm 12:30
12:50	1:10
1:30	1:50
2:10	2:30
2:50	3:10
3:30	3:50
4:10	4:30
4:50	5:10
5:30	

— Ellen Zane: Building a network

(continued from front)

BWH and the MGH as well as outside consultants, is our steering committee. Members of the task force accompany me to visit community physicians and hospitals and outline strategic issues associated with each site we consider.

With the help of the physicians and the guidance of the Market/Network Task Force, we will be able to incrementally build a strong network.

How will the network affiliations be structured?

There is an open menu of structures. We are not specifically looking to buy a lot of hospitals or physician groups. Rather, there will be a host of ways Partners will involve health care providers. We may, for example, add primary care physicians to our hospital staffs, enter into professional services contracts with physician groups, and develop referral arrangements with local hospitals.

We will need to spend money to build our resources, but such expenditures will be investments in our future success. We must put money where it strategically will help us build a stronger network and a stronger future. Over time we will develop a closeness that bonds all of the elements of the network.

Can you explain the rationale behind building a network of health care providers instead of working independently?

It is clear to me that health care in the future will not be provided as it is today. The perception of our current health care system is that it is too fragmented and expensive. Someone needs to quarterback patients' care and lead them through the continuum of services, and the quarterback should be the primary care physician.

If we don't reach out to the community, where much of primary health care is delivered, we will not be able to keep up with the industry changes brought about by health care reform and managed care. We want to be the ones helping to *drive* the changes we know are inevitable. By creating an integrated network, we put ourselves in the driver's seat.

I believe my background as a leader of a community hospital has been perceived in a very positive way by many community health care providers who we may want to join the Partners network. I think it sends a real message that the MGH and BWH are serious about affiliating with community health care providers and that we highly regard their contributions to the health care delivery system.

Why do you think other health care providers will want to join the Partners network?

Our network will be characterized by high-quality care and will be dynamic and extensive. We will be offering what I like to call "differently better products" that add value to our network services. This will help ensure contracts with payors, and ultimately that means more patients. We shall also work hard to develop clinical pathways and measurable outcomes to assist us in ever improving the care we provide. This combination of quality and strength will make joining Partners increasingly appealing to other health care providers and, most important, to those we are here to serve — our patients.

What's Happening

Central Intake has moved

The MGH Addiction Services' Central Intake Unit has moved from 100 Cha[r]' River Plaza to the West End House a[t] Blossom St., directly opposite the Holiday Inn. Call 742-4496 for information.

Memorial service

A memorial service for former MGH neurosurgeon Raymond Kjellberg, MD, who died Dec. 20, will be held Monday, Aug. 1, at 11 am in the Memorial Church at Harvard University.

Calling all cooks

The Department of Dietetics is accepting recipes for the *Cultural Diversity Cookbook*, which will be available at this year's Cultural Diversity Festival, Sept. 16. Please submit recipes to Carolyn Lewis, Department of Dietetics, Gray Basement by Aug. 1.

Toastmasters

For a chance to practice speaking skills, become a charter member of MGH Toastmasters, sponsored by the Department of Dietetics. The first meeting is Monda[y] the Aug. 8, from 5 to 7 pm in the Wellma[n] Conference Room. Call Judi Manola, ext. 6-2545, for more information.

Globe *story to focus on Chartwell Home Therapies*

The Boston Globe is expected to run a three-part series beginning this Sunday on various issues related to the health care industry. Monday's segment will examine the home infusion industry, focusing on Chartwell Home Therapies, a company in which The MGH Health Services Corporation and New England Medical Center's (NEMC) Community Practice Program are general partners.

Chartwell is a high-quality home health care company that allows patients with complex conditions to receive infusion services in their own homes. Unlike many home care companies, Chartwell provides free care to indigent patients referred by caregivers from the MGH, and accepts referrals for patients covered by Medicaid.

The home infusion industry has been under a great deal of scrutiny recently, and Chartwell is currently involved in one such federal inquiry. The MGH, NEMC, and Chartwell have provided federal officials with requested documents and records. While it is unknown how long this review will last, the MGH remains confident that upon its completion, the operations and practices of Chartwell will be found to be consistent with all federal and state laws and regulations.

The Globe recently requested an interview to discuss home health referrals. Evelyn E. Bonander, ACSW, director of Social Services for the MGH, Peter Slavin, MD, the MGH's chief medical officer, and Ruth Kilduff, vice president of Quality Support Services at NEMC, met with reporters and provided information about discharge planning and the referral process at the two hospitals. The MGH and NEMC have also provided *The Globe* with information related to their investment in and earnings from Chartwell.

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MGH HOTLINE UPDATE

August 8, 1994

New organization will encompass all MGH physicians

A new, unified physicians' organization is being established for MGH staff members. The new entity — which is yet to be named — will incorporate functions previously handled by the MGH Professional Service Corporation (PSC) and the Massachusetts General Physicians Corporation (MGPC).

"The merger of the PSC and the MGPC is very timely," says James Thrall, MD, chief of Radiology and a member of the group that drew up the proposal for the new organization. "This will create an appropriate, unified representation of MGH physicians within Partners HealthCare System, Inc."

Samuel Kim, MD, president of MGPC and a member of the planning group adds: "The physicians' organization will allow the staff and the hospital to function as a cohesive medical care delivery entity. The old independent style of medical practice is no longer viable. The new mode will be a team approach emphasizing patient convenience, cost effectiveness, and superior outcomes with the same quality of care we have always maintained."

Under the existing system, the PSC and MGPC are parallel organizations with somewhat overlapping functions and membership. The PSC is a subsidiary of the hospital's parent company, The Massachusetts General Hospital (sometimes called the "1811 Corporation"), and acts as the employer for most of the hospital's medical staff. It includes the hospital's specialty and subspecialty group practices, as well as some affiliated practices. Among other functions, PSC provides support services such as billing to member and nonmember physicians and administers physician compensation.

The MGPC was established in 1989 to allow member physicians to negotiate group contracts. HMOs and similar organizations that have contracts with the hospital also contract with MGPC for physician services. Most of the hospital's clinical staff now belongs to MGPC, which has not been part of the organizational structure of The Massachusetts General Hospital.

Like the PSC, the new organization will be a subsidiary of The Massachusetts General Hospital. It will act as an umbrella organization for all MGH physicians and other professionals with staff appointments (dentists, podiatrists, and psychologists) and provide an expanded array of support services, such as information systems, marketing, personnel management, and purchasing. While the MGPC will continue to exist as an advocacy group for practicing clinicians, the new organization will serve as the contracting entity with managed care groups and other third-party payors.

"Insurance companies clearly don't want to deal with several dozen groups or individuals at a hospital," Dr. Thrall says. "They want to contract with one integrated, unified entity for all services by physicians and related professionals."

Members of the MGPC have overwhelmingly voted to approve the new physicians' organization. While several legal and structural details are yet to be resolved, it is hoped that the new organization and its management will be in place by Oct. 1, the start of the new fiscal year. Further information will appear in future issues of *Hotline Update*.

Dr. Thier to host employee receptions

Employees of the MGH and its affiliated institutions — Spaulding Rehabilitation Hospital and McLean Hospital — will have an opportunity to meet Samuel O. Thier, MD, the new president of MGH and of the Partners HealthCare System, Inc., at three receptions being held in the next two weeks. Dr. Thier will be joined by the chief executive officer of each institution at the receptions, at which light refreshments will be served.

MGH — with Richard R. Crater, MGH CEO, Tuesday, Aug. 9, from 2 to 5 pm, under the Bulfinch Tent, Main Campus.

Spaulding — with Manuel Lipson, MD, Spaulding CEO, Friday, Aug. 12, from 2 to 5 pm, on the Patio, second floor, SRH.

McLean — with Stephen Mirin, MD, McLean CEO, Monday, Aug. 15, from 2 to 5 pm, at the DeMarneffe Building.

MGH in the News

The MGH location filming of the Fox Television series "Trauma Center" is complete. Thanks to all hospital staff and employees who cooperated with this project. Information about when the MGH-based episodes of the new series will air will be included in future issues of *Hotline Update*.

July 24 — The MGH Emergency Department was the subject of a "Downtown Journal" column appearing in *The Boston Herald*. The piece focused on the outstanding skills and compassion of the department's staff.

July 28 — Dana Stearns, MD, emergency department physician, and **Mhorag Hay, MD**, medical resident, were interviewed as part of a *Boston Globe* article on the filming of "Trauma Center" at the MGH.

July 28 — Janet Hall, MD, reproductive endocrinologist, was interviewed by *The Boston Globe*, *The Boston Herald*, and *USA Today* regarding an MGH research study that documented the health costs of multiple pregnancies associated with infertility treatment. Harvard Medical School student **Tamara Callahan**, who also worked on the project at the MGH, was interviewed by WLVI-TV, Channel 56.

July 31 — Fredric Frigoletto, MD, chief of Obstetrics, was interviewed regarding the increased competition between obstetrics programs north of Boston for the *Boston Globe*'s North Weekly section.

In General

Julie Atwood, MEd, CCC-SLP, F, director of Speech-Language Pathology, recently presented "Responses to Health Care Reform: Impact on Health Care Settings" at the 1994 American Speech-Language-Hearing Association's 1994 Directors' Conference.

Lee Baer, PhD, director of research for the Obsessive-Compulsive Disorders Clinic, is the first recipient of the "Responsible Conduct of Research Award" from the Harvard Medical School Division of Medical Ethics. The award, designed to emphasize the importance of ethical conduct, was funded by the Charles A. Dana Foundation. Dr. Baer was honored for his work in mentoring and training research fellows.

After 13 years of employment with The Massachusetts General Hospital and its affiliated organizations, **Vincent D. Cucchiara** left his positions at the MGH July 31, 1994, to pursue other career opportunities. Other members of the senior administrative staff have assumed leadership of his areas of responsibility until a successor is named.

Patricia K. Donahoe, MD, chief of Pediatric Surgery, received the Edwin B. Astwood Lecture Award from the Endocrine Society. The award honors Dr. Donahoe for her long record of achievement in endocrine research, teaching, developmental biology, and surgery. Dr. Donahoe also presented the Astwood Lecture on "Transcriptional and Downstream Regulation of Sexual Differentiation" at the society's annual meeting.

Jimmy Thomas Efird, head of Biostatistics in the Department of Radiation Oncology, has been appointed chairman of the section on Health Policy Statistics for the American Statistical Association. The section focuses on the use of quantitative statistical methods to improve health care quality while reducing costs.

Colleen M. Kigin, MS, MPA, PT, director of Physical Therapy Services and assistant professor at the MGH Institute of Health Professions, was elected vice president of the American Physical Therapy Association (APTA) during the APTA/Canadian Physiotherapy Association Joint Congress in Toronto.

Hiroshi Mashimo, MD, PhD, of the Gastroenterology Unit, was one of 22 winners of the Glaxo Institute for Digestive Health's 1994 research awards. The awards provide funds for talented young researchers and physicians interested in pursuing careers in research and treatment of digestive diseases. Dr. Mashimo's work focuses on applying novel molecular biological tools to the study of the development and maintenance of the gastrointestinal tract.

What's Happening

And the winners are

The latest Blood Donor Center drawing winners are: Marcelle Nicolosi, Medical Records, who won a two-day, one-night stay at the Royal Sonesta Hotel in Cambridge, and Cecil Coggins, MD, Renal Unit, who won a "Two for Breakfast" weekend night at the Cambridge Center Marriott. The next drawing will be Sept. 1, and the same prizes are up for grabs again.

All employees and staff members have a chance to win. Those who are not able to donate themselves can have someone else donate in their name to become eligible for the prizes.

To find out the best time to donate, call the Blood Donor Center at ext. 6-3620.

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MGH HOTLINE UPDATE

August 12, 1994

Interdisciplinary effort leads to better care at lower cost

Cancer patients must endure side effects of chemotherapy that seem more like symptoms of disease. Often they receive additional medications to relieve the nausea and vomiting that come in chemotherapy's wake. But that relief has its own price: The drugs traditionally used to counter chemotherapy's ugly aftermath have unpleasant flip sides too.

Then ondansetron, the first in a new class of highly effective anti-nausea drugs with few side effects, hit the market. MGH pharmacists and clinicians jumped at the chance to supplement their array of traditional anti-nausea drugs with the newcomer. Today, after two years and the release of another new drug, they have improved patient care, and are in the process of realizing more than $350,000 in annual savings.

A new drug becomes number one

"Traditional anti-nausea drugs have many short-term side effects," says Michael Bodock, RPh. "They may relieve patients' nausea, but the tradeoff is that patients may experience various side effects, such as sedation or jerky movements called dystonic reactions."

Ondansetron does not cause the troubling side effects of traditional anti-nausea drugs. Also unlike the other medications, it is effective at reducing the nausea and vomiting caused by both chemotherapy *and* radiation therapy.

The drug's greatest drawback has been its price tag. Testament to the drug's expense — and its success with clinicians and patients — is the fact that in 1993 the MGH Pharmacy spent more on ondansetron than any other drug related to cancer therapy.

"Ondansetron went from not even being a line item on our expense reports as late as 1992, to being the single largest cancer-therapy related drug expenditure in 1993," says Theresa Visconti, RPh, assistant director of Pharmacy.

A closer look at optimum dosage

"For many medications, the dose suggested by pharmaceutical companies can often be higher than the dose required to achieve optimum efficacy," says Meg Clapp, MS, assistant director of Pharmacy.

With that in mind, Bodock compiled and analyzed data from ondansetron studies in the professional literature. They all pointed to one thing: The dose suggested by the manufacturer *was* higher than that necessary for the vast majority of adult patients.

This past February he presented his findings and the MGH Pharmacy's dosage recommendations at Oncology Grand Rounds. Clinicians there suggested he work with the Chemotherapy Task Force — a group of nurses, pharmacists, and physicians — to test the efficacy of the new dosage recommendations.

"This study is a great example of how an interdisciplinary approach to looking at an issue can facilitate the process of improving patient care and enhance the possibilities of improving efficiencies."

The task force designed a study in which patients who received the lower doses would be interviewed at length about how the drug affected their nausea and vomiting while they underwent chemotherapy and after discharge.

A less-expensive rival appears

Before testing began, however, it was announced that granisetron, a less-expensive rival to ondansetron, had received Food and Drug Administration approval. Granisetron is similarly effective and has had a history of use in Europe. The Pharmacy decided to replace ondansetron with the new drug for the adult oncology patient population.

"Thanks to an extremely competitive contract price from the manufacturer, we'll spend 50 percent less annually on granisetron than we would on ondansetron," says Harry Demonaco, MS, director of Pharmacy. "That's a savings of more than $350,000."

An interdisciplinary process begins to pay off

In April, granisetron became the subject of dosage efficacy testing originally designed for ondansetron.

(more on reverse)

— *Interdisciplinary effort*

"To date our investigation has confirmed the efficacy of the new dosage recommendations in most of the adult population," says Clapp. "We have, however, identified a few groups which require further dosage adjustment. We've also learned that we need to further emphasize to patients the importance of faithfully following their anti-nausea medication instructions after discharge to ensure that they will feel as symptom-free as possible."

Carol Ghiloni, RN, MSN, nurse manager on Ellison 14, a member of the Chemotherapy Task Force, says, "This study is a great example of how an interdisciplinary approach to looking at an issue can facilitate the process of improving patient care and enhance the possibilities of improving efficiencies."

What's Happening

Play the losing game — and win
The Nutrition Services Department will offer a revised version of the weight-management program, "Winning at the Losing Game," in September. The 10 sessions will be held Monday evenings from 5:15 pm to 7 pm in the Dietetics Central Office, Gray Basement, starting Sept. 19. The registration fee is $195 — $185 for employees. Space is limited to 15 attendees. Positions will be reserved upon receipt of a $50 deposit. Call ext. 6-2779 for more information.

Discover MGH's diversity
Attend the MGH Cultural Diversity Awareness Day, Friday, Sept. 16, 10 am to 4 pm, and learn more about the diverse cultural environment at MGH through food, music, and a variety of displays. The theme of the fourth annual MGH Cultural Diversity Awareness Day is "Weaving Diverse Strengths." The events are designed to enhance the multicultural nature of the MGH community as well as increase awareness and understanding of cultural diversity as one of MGH's strengths.

Science, Medicine, and Technology

Researchers use MR to follow silicone

Researchers from the MGH Nuclear Magnetic Resonance Center presented two studies regarding silicone leaking from breast implants at this week's meeting of the Society of Magnetic Resonance in San Francisco. Bettina Pfleiderer, PhD, reported on a study involving 23 women — 15 with breast implants and 8 control volunteers — that used magnetic resonance (MR) spectroscopy to show how silicone molecules migrate through the bloodstream and collect in the liver. Eventually smaller molecules containing silicon — the element upon which silicone is based — appear, possibly resulting from the breakdown of silicone by the immune system or another mechanism. It is not yet known what happens to silicone-related materials in the liver or whether there are any health effects.

A second report, presented by Leo Garrido, PhD, described how substances produced from silicone breakdown appear to destroy breast cancer cells in the test tube. In a very small study, samples of blood plasma from women with and without silicone gel implants were added to cultures of common breast cancer cells. Cells exposed to plasma from three of the five women with implants died within a few days, while cells exposed to plasma from three women without implants showed no effect. Dr. Garrido, who leads the silicone study group, cautions that both studies are preliminary and that much larger studies must be conducted before reaching any definitive conclusions. The results, however, indicate specific directions for further investigations of how silicone is metabolized in the body.

In General

Maurice Keenan, MD, director of the Myelodysplasia Clinic, has been elected vice president-elect of the American Academy of Pediatrics (AAP). He will be installed as vice president of the AAP in the fall and will go on to serve as president.

Michael Nathan, MD, Internal Medicine, Revere Health Associates, was promoted to Chief of the MGH Revere Health Center July 15, 1994.

Two MGH research fellows have received grants from the local chapter of the American Heart Association.

Runolfur Palsson, MD, will study the possible role of a type of immune system molecule in causing a potentially fatal inflammation of the blood vessels. **Philippe Rieu, MD**, is investigating a possible adhesion molecule present on neutrophils (a type of immune cell). Adhesion molecules help immune cells locate and attack damaged or infected tissues, but the cells also can destroy healthy tissue in patients with heart attacks, burns, or autoimmune disorders. Both researchers work in the Leukocyte Biology and Inflammation Program of the MGH Renal Unit.

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MGH HOTLINE UPDATE

August 19, 1994

A warm welcome

A beautiful summer day and a freshly cut Bulfinch Lawn provided an ideal backdrop as more than a thousand employees and staff members gathered to welcome Samuel O. Thier, MD, the new president and chief executive officer of The Massachusetts General Hospital, at a reception Aug. 9.

The event also offered an opportunity for the General Hospital community to meet and talk with members of the institution's senior administrative team. And for three hours, Dr. Thier, Richard R. Crater, CEO of the General Hospital, and senior vice presidents shook hands, traded stories, and laughed with employees and staff.

"I truly value events such as this that provide an opportunity to meet people from departments throughout the institution," Dr. Thier says. "I find it enormously rewarding to spend time talking with our dedicated employees and staff members. People here are justifiably proud of their work, and I enjoy sensing that pride over and over again with each new person who shakes my hand."

Dr. Thier has also made plans to meet with employees and staff from the MGH Institute of Health Professions, McLean Hospital in Belmont, and Spaulding Rehabilitation Hospital at similar events.

Samuel O. Thier, MD, president of The Massachusetts General Hospital, foreground, and Richard R. Crater, chief executive officer of the General Hospital, talk with employees at the reception.

Environmental Services Employee of the Year named

When Pastor Quintero attended a recent Environmental Services employee meeting, he was surprised and puzzled when his family entered the room. Then Bill Banchiere, director of Environmental Services, made the announcement: Mr. Quintero had been named the 1993 Environmental Services Employee of the Year.

Mr. Quintero, an Environmental Services aide in the MR Imaging Center in Building 149, was the second recipient of this award, which was established last year to recognize outstanding employees in the Environmental Services Department. The 1992 Environmental Services Employee of the Year was Maria Rebello.

"When Mr. Quintero began working here in 1990 it was quickly evident that he embodied the mission of both the hospital and the department," said his supervisor, Robert Egan. "Working for the hospital means working for the patients; ensuring their comfort, providing them with polite and friendly service. Pastor does that and more. He is always willing to learn, he is very flexible and is always willing to help out in

(Continued on reverse)

Bill Banchiere, left, director of Environmental Services, congratulates Pastor Quintero, the 1993 Environmental Services Employee of the Year.

Have you given blood lately?

If every MGH employee gave blood just once a year, it would supply half of the total amount of blood needed for a whole year, says Richard Carson, director of Donor Recruitment. In addition, such participation would save the hospital the expense of using outside resources.

"The need for blood always exceeds the available supply," Mr. Carson says. Blood has a storage life of only five to six weeks, so regular donations help ensure that the supply is constantly replenished.

The actual donation takes only about five to ten minutes, but donors should allow 45 minutes to one hour for the entire visit, which includes a brief physical examination before donating and a period of relaxation afterward.

The Blood Donor Center is located off the Gray Lobby and is open Monday through Thursday, 8:30 am to 7:30 pm, and Fridays 8:30 am to 4:30 pm.

Correction

Michael Nathan, MD, an internist at the Revere Health Center, has been named unit chief for Adult Medicine at the center. Dr. Nathan was incorrectly identified as chief of the Revere Health Center in the Aug. 12 *Hotline Update.*

What's Happening

United Way 1994

The MGH United Way Campaign kicks off this fall with activities Oct. 3, 4, and 5. Educational events will enable visitors to learn more about the people who benefit from the United Way and how they are helped.

The United Way Steering Committee has begun its work for this year's campaign and welcomes help. Those interested in working on the committee or who have ideas for the campaign are encouraged to call Bonnie Michelman, director of Police and Security, who is this year's MGH United Way Campaign chairperson, at ext. 6-7979.

AIDS walk a success

The MGH AIDS Educational Task Force thanks all MGH walkers and their supporters in this year's From All Walks of Life, the AIDS pledge walk. Nearly 200 people walked as part of the MGH team, joining some 35,000 other walkers.

MGH's team was the third largest at this year's event and was the number one fund raiser of all participating health care organizations again this year.

— Employee of the Year

(Continued from front)

any way he can. I am very proud that the committee recognized his efforts."

Mr. Quintero had been named Employee of the Quarter along with 23 other Environmental Services employees in 1993. Nominated for the top award by Mr. Egan, Mr. Quintero was chosen by a committee consisting of Mr. Banchiere, Richard Turgeon, assistant director of Environmental Services, and two operation managers. The award recognizes customer service, overall job performance, productivity, and job knowledge and interest.

Mr. Quintero was presented with an engraved bowl, a certificate of recognition, and a gift certificate to dinner at a local restaurant.

"I feel honored that I was chosen," he said. "And I am very happy that my family was here to share this with me."

MGH *in the* News

Aug. 9 — *The Boston Herald* quoted **Leo Garrido, PhD**, of the MR Imaging Center regarding a study presented by **Bettina Pfleiderer, PhD**, at the Society of Magnetic Resonance in San Francisco indicating that silicone leaking from breast implants collects in liver tissue.

Aug. 10 — Dr. Garrido was also interviewed by *The Boston Herald, The Los Angeles Times, The New York Times, The San Francisco Examiner,* and WBZ Radio — and was covered by WBZ-TV Channel 4, WHDH-TV Channel 7, and WLVI-TV Channel 56 — regarding a paper he presented at the same meeting suggesting that compounds produced when silicone breaks down in the body may destroy breast cancer cells in the test tube.

Aug. 15 — Karen Carlson, MD, of Women's Health Associates was interviewed by *US News and World Report* regarding the process of screening for ovarian cancer.

Aug. 15 — Lynn Drake, MD, Dermatology, was interviewed by *The Boston Herald* regarding exfoliants and skin care. The article will appear in the *Herald's* new weekly Sunday magazine, scheduled to begin in September.

Aug. 15 — Barbara Smith, MD, PhD, director of the Comprehensive Breast Health Center, was interviewed by *The Boston Globe* regarding breast cancer in elderly women.

Aug. 15 — Howard Baden, MD, Dermatology, was interviewed by *Health Magazine* on the physical changes in hair as a person ages.

Aug. 17 — Arthur Boland, MD, Orthopædics, was interviewed by the *Medical Herald News* regarding football injuries and the field of sports medici

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MGH HOTLINE UPDATE

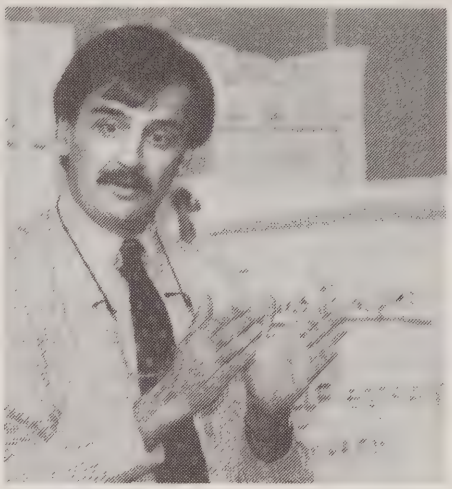
August 26, 1994

Partners HealthCare System names vice president for Human Resources and Organizational Effectiveness

Dennis Colling has been named vice president for Human Resources and Organizational Effectiveness of Partners HealthCare System, Inc. He will assume the role Oct. 15.

"I am delighted that Dennis has accepted this important position," says Robert Scott, Partners vice president. "Dennis has the experience, skill, creativity, and sensitivity to human values Partners will require as we address system wide human resources issues."

According to Ellen Zane, network president, Colling brings valuable health care experience and expertise to Partners' senior management team. "Dennis will play an important role in helping Partners create a model integrated health care delivery system for the future," Zane says. "I look forward to working with him as a colleague."



Dennis Colling

Since 1990, Colling has served as a human resources executive with the University of Pennsylvania Medical Center (UPMC) and the University of Pennsylvania Health System (UPHS). He most recently held the position of associate vice president for Organizational Effectiveness and Human Resources with the UPHS, where he elevated the human resources function to the senior management level.

He contributed significantly to the financial turnaround of the UPMC, developing a number of substantive cost-reduction programs. He also improved employee relations at UPMC and played a major role in establishing UPHS, recruiting key executives, proposing organization design, and helping develop a managed care strategy. In addition, he developed employee communications, management development, and training programs to support UPHS strategies.

Colling served as administrator for Human Resources/Information Systems from 1985 to 1990 with Catherine McAuley Health System in Ann Arbor, Mich., a division of Mercy Health Services. There he participated in creating a health care delivery system built around the flagship hospital of what was then one of the largest multi-hospital systems in the country. He was responsible for developing human resource policies and services for a complex organizational

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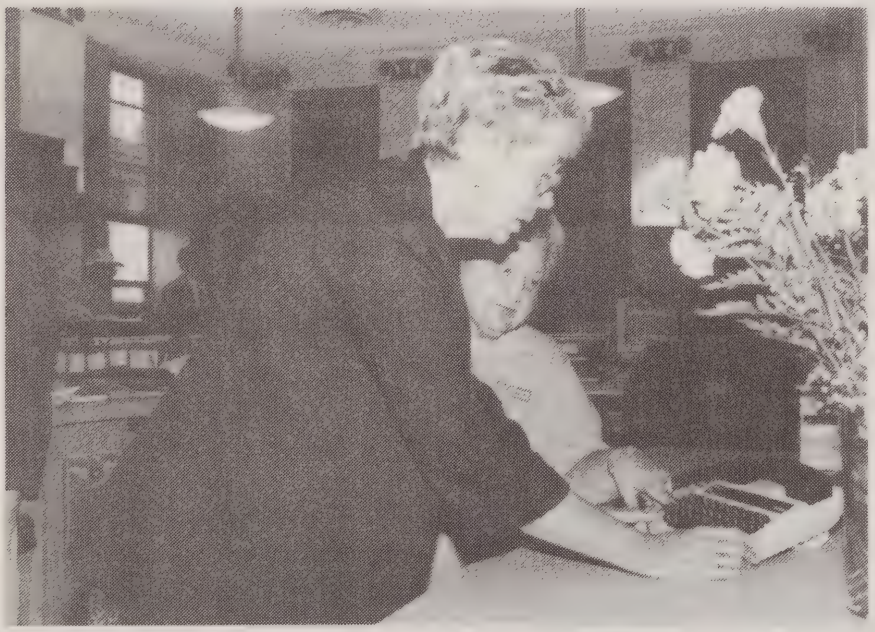

New language skills: A telephone device for the deaf (TDD) is now available for outgoing calls at the White Front Desk. The device allows hearing impaired patients to communicate over the telephone by translating typed audio signals into a text display. Ann Hewitt, administrative director, Urology Department, left, gives Kathy Contrado, information assistant, Admitting Services, a TDD lesson. Hewitt, whose 16-year-old granddaughter is deaf, donated the device to the MGH in June when she bought a replacement for her home. A TDD is also available for inpatients through the Patient Care Representative Office, Clinics 116, ext. 6-3370.

Linkage funds support Salem services

Last week MGH presented $100,000 to the North Shore Community Health Center (NSCHC) to support expanded services in the Point neighborhood of Salem. The money is part of a voluntary linkage payment from the MGH in conjunction with the determination of need granted by the State Department of Public Health (DPH) allowing the MGH to operate its PET scanner — a sophisticated imaging device — as a regular clinical service.

As reported in the April 15 *Hotline Update*, the DPH originally directed PET linkage funds to programs outside the hospital's service area. The MGH negotiated an acceptable compromise, resulting in $200,000 being directed to the hospital's community health centers and $100,000 to the Salem effort. NSCHC is affiliated with North Shore Medical Center, which established an alliance with the MGH in 1992.

"Because our original determination of need application was filed before linkage requirements went into effect, we consider the payments for this project to be voluntary," says Steven Sauter, MGH director of Program Development. "We're pleased to support an expansion of essential primary care services in Salem."

What's Happening

Crime Prevention Fair
Police and Security staff members will promote the programs and services they offer at the annual Crime Prevention Fair Sept. 8 from 10 am to 3 pm under the Bulfinch Tent. Exhibits from other MGH departments, local law enforcement agencies, and security product vendors will also be featured. The event will include music, snacks, and giveaways.

Need help kicking the habit?
The MGH Quit-Smoking Service's eight-week smoking cessation program can offer help and support. Beginning Sept. 7 meetings will be held Wednesday evenings from 5:30 until 7 pm. Topics include: how to prepare to quit, coping with stress without cigarettes, preventing weight gain, and avoiding relapse. The program costs $129, meets insurers' reimbursement requirements, and can be done in conjunction with the use of a nicotine patch. For more information, contact Shelli McDuff, program manager, MGH Quit Smoking Service, at ext. 6-7443.

Bone marrow donor drive
In conjunction with National Bone Marrow Transplantation Week, there will be a donor drive in the Blood Bank, Gray Lobby, Sept. 13 from 7:30 am to 3:30 pm. MGH employees between 18 and 55 years old who are interested in becoming bone marrow donors are encouraged to be tested. Initial compatibility screening will be done through a blood test, and information about bone marrow donation will be available.

MGH *in the* News

Aug. 22 — Christopher Stowell, MD, PhD, director of the Blood Transfusion Service, **Joan Carven, RN**, Blood Transfusion Service staff nurse, and **Hugh Chandler, MD**, Orthopædics, appeared in an *NBC Nightly News* segment on the use of artificial blood products.

Aug. 24 — Gary Sachs, MD, Psychiatry, was interviewed by WCVB-TV, Channel 5, on seasonal affective disorders and the use of light therapy.

— Partners VP

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structure that included for-profit and nonprofit subsidiaries.

He worked from 1975 to 1981 for the United States Veterans Administration in Detroit as a benefits representative and then as a personnel management specialist. Colling earned his bachelor's degree from the University of Michigan in Ann Arbor, graduating with distinction. He served four years in the United States Navy, and then returned to his alma mater to earn his master's in business administration.

In General

J. Patrick Herlihy, MD, a research and clinical fellow in the Pulmonary and Critical Care Unit, recently received a fellowship award from the Allen & Hanbury's Respiratory Institute. Only six such fellowships were awarded nationwide.

A team of 34 MGH employees competed against 600 other teams in the 3.5 mile Corporate Challenge road race July 28. The MGH team of **Tracey Corrigan, RN**, staff nurse on Bigelow 7; **Linda Spence,** research fellow, and **Meredith Saillant**, a college intern, both of the Reproductive Endocrine Unit, placed second in the Women's Division. Another MGH team finished third in the Coed Division. It included **Tracey Corrigan**; **Skip Rose**, senior programming analyst, Information Resources; **Linda Spence;** and **Mathew Trainor**, technician in the Reproductive Endocrine Unit.

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MGH HOTLINE UPDATE

September 2, 1994

Report from Partners Research Task Force

Collaboration is key to the future of research

Through increased collaboration, communication, and coordination, the MGH and BWH, long forerunners in the study of biomedical research, are joining forces and evolving into an even more formidable enterprise.

Mapping out the direction of this collaboration is the Research Task Force, one of the seven Partners HealthCare System, Inc., Transition Operating Committee groups targeting areas that can be enhanced by the recent affiliation. Chaired by Eugene Braunwald, MD, BWH Department of Medicine chairman, the task force has already reported to the Operat- Committee on its inventory of studies at [illegible] two hospitals and has begun identifying areas for collaboration.

"Creating partnerships in research is significantly different than doing so with clinical areas," says Dr. Braunwald. "Research is a creative process, and while in some cases teamwork can be very productive, there are people who work in isolation and create much better on their own. This style of research must be protected."

He also says that investigators benefit substantially from sharing knowledge with one another. "Research is increasingly dependent on successful collaborations. It's more and more difficult for a single scientist with a small team of research fellows to take major steps forward. It is important to create opportunities for productive collaborations."

Ronald Newbower, PhD, MGH senior vice president for Research and Technology and a member of the task force, says that the group is seeking a balance between the individual and the team, as well as each hospital and [illegible] ers. But Dr. Newbower also stresses the importance of maintaining the individual identities of the two hospitals. "We fully recognize and want the world to understand that these are two medical research centers that deserve continued support on their own merit," he says. "At the same time we believe that much will be gained through increased scientific collaboration."

According to Dr. Braunwald, the task force sees its role as catalyzing change, with an eye toward increasing institutional synergy rather than directing research activities. Its objective is to improve efficiency; enhance the education of research fellows and other postdoctoral students; and increase research funding from federal, nonprofit, and corporate sources.

"Combined, our direct research expenditures amount to almost $300 million a year. Insofar as I know, Partners' research activity is the largest academic biomedical research enterprise in the country," says Dr. Braunwald. "The two hospitals have been number one and number two in NIH [National Institutes of Health] support for nonuniversity institutions for years. When you view the entire effort, the research ranges from the most fundamental work on molecular genetics to large, population-based studies."

Through its inventory, the task force learned that certain studies, such as basic research in the neurosciences, are strongly represented and successful at the MGH and BWH, while there remain gaps in other areas. Fundamental work on cancer of the prostate, for example, is one area of research that could be expanded, as it affects such a large percentage of the male population and is ripe for an attack at the basic level, Dr. Braunwald adds.

In support of future combined research, Partners plans to provide seed money for projects demonstrating excellence that are likely to enhance the collaboration between the two institutions. Details regarding eligibility and application procedures for these grants will be made available in October.

To foster communication between the two hospitals, beginning in the fall the task force plans to sponsor three educational symposia to provide researchers at BWH and the MGH with continuing education. Symposia topics are Cell Adhesion in Health and Disease; Genetic Basis of Disease; and Aging and Epidemiology. The regular shuttle service between the MGH and BWH and expanding the video-conferencing capabilities at both hospitals will also increase the opportunities for better communication among researchers.

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Diana Grobman, RN, NICU primary nurse, accepts the Ben Corrao Clanon Memorial Scholarship from Thomas D. Smith, RN, MS, chief, Pediatric Nursing Service. The scholarship was established in 1987 by Regina and Jeff Corrao Clanon in memory of their infant son, who was cared for at the MGH. Ms. Grobman was nominated by her colleagues for the award, which she will use for continuing education.

What's Happening

The Coffee Bean to open
MGH coffee lovers will have a new haven when the Coffee Bean opens in the WACC Cafeteria, Tuesday, Sept. 6. In addition to fresh ground coffee in four flavors — hazelnut, French vanilla, chocolate raspberry, and Irish creme — the Coffee Bean will feature homemade biscotti, chocolate pound cake, coffee cake, macaroons, and "pudgies," a special new treat. The Coffee Bean will be open from 7:30 am to 5 pm daily.

Focus on quality
Efforts to institute total quality management (TQM) in clinical settings will be presented by the MGH and Brigham and Women's Hospital TQM teams at a joint meeting, Sept. 8, at 5 pm inthe Massachusetts Eye and Ear Infirmary's Meltzer Auditorium, third floor. Physician leadership will discuss several of the most advanced clinical TQM projects. This meeting is one in a series of efforts directed at developing a joint TQM strategy at both facilities.

Put on your walking shoes
MGHers will lace up their sneakers and take to the roads this fall to raise funds for several organizations.

Chelsea Pride Stride
Members of the MGH Chelsea Health Center will participate in the Chelsea Pride Stride, a five-mile pledge walk to benefit community services, Sunday, Sept. 18. In addition to fielding a team, Chelsea staff will provide medical services for walkers and help out at a water stop. The event, including entertainment and a health fair, starts at 12:30 pm at Chelsea City Hall. Anyone who wishes to walk or sponsor the MGH team should call Jeanette McWilliams at 884-8300, ext. 535.

Making Strides Against Breast Cancer
This five-mile walk in Boston, sponsored by the American Cancer Society, will be held Sunday, Sept. 25. To join or support the MGH team, contact Gail Arbuthnot in the MGH Comprehensive Breast Health Center, ext. 6-5376.

Spaulding Pediatric Walk-a-Thon
Planned for Saturday, Oct. 1, this event raises funds for the pediatric unit at Spaulding Rehabilitation Hospital, an MGH affiliate. Details will appear in a future *Hotline.* For more information, call Ann Kramer, 720-6645.

— Research Task Force

(continued from front)

"Ideas come from people getting to know each other and interacting more frequently," Dr. Newbower says.

The recommendations of the Research Task Force will attend to the immediate needs of biomedical research, but in forecasting the future, Dr. Braunwald says, there are likely to be phenomenal discoveries that will dwarf the pace of change in the last 30 years. At the same time, the traditional support mechanisms such as government and the pharmaceutical industry may not have the resources to support such extraordinary opportunities, and this decrease in funding could greatly affect how researchers conduct their work.

"We're facing very tough times," Dr. Braunwald says. "But in combining our talents and research strategy, we can actually strengthen our position as this country's premier academic biomedical research center."

Adds Dr. Newbower: "We have enormous power as partners. Together we can now propose and conduct clinical trials with much greater usefulness. Certain aspects of our research will be even more attractive to federal agencies and pharmaceutical firms."

MGH task force memers are: Joseph Avruch, MD, chief, Diabetes Unit; William Crowley, MD, chief, Reproductive Endocrine Unit; Patricia Donohoe, MD, chief, Pediatric Surgical Services; Gerald Fischbach, MD, chairman, Department of Neurobiology; Penny Ford Carleton, MNA, MPA, Policy and Planning Research Affairs; Dr. Newbower; and John Parrish, MD, chief, Dermatology Service.

BWH task force members are: Dr. Braunwald; William Chin, MD, chief, Genetics Division; Ramzi Cotran, MD, chairman, Pathology Department; Charles Hennekens, MD, chief, Division of Preven Medicine; Keith Marcott, vice president, Research Administration; William Terry, MD, vice president, Research and Ventures; and Douglas Wilmore, MD, director, Laboratory of Surgical Metabolism and Nutrition.

JCAHO to survey the MGH this month

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will conduct a survey of the MGH the week of Sept. 26 to 30. The JCAHO survey team — which includes a physician, a nurse, and a hospital administrator — will speak with employees from areas throughout the MGH as part of the extensive evaluation it conducts every three years.

The JCAHO is a privately funded organization focused on improving the quality of care provided to the public. By evaluating organizations and comparing them against an established, broad set of performance standards, the JCAHO helps ensure that hospital practices are uniformly performed and reviewed.

JCAHO accreditation, the most widely sought in the health care industry, is the most comprehensive external review process available. Its findings are used by virtually every health care regulatory and contracting agency in the country, including the federal government for Medicare certification and the Massachusetts state government for hospital licensure. Although the JCAHO evaluation is sought on a voluntary basis, having its stamp of approval is an important standard in today's competitive health care marketplace.

Future issues of *Hotline* will carry more information on the upcoming JCAHO visit. Those with specific questions are encouraged to call Maryanne Spicer, director of Corporate Compliance, at ext. 6-5109.

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Merrimac St., 4th Floor
Extension 6-2206

MGH HOTLINE UPDATE

September 9, 1994

Partners progress

Two community-based physician groups join affiliation

CAPE ANN Medical Center and General Medical Associates, two area physician group practices, have joined Partners HealthCare System, Inc. The two practices represent the first community-based physician groups to affiliate with the new system.

"The addition of Cape Ann Medical Center and General Medical Associates marks a significant milestone in the development of Partners HealthCare System," says Ellen Zane, network president of Partners. "We have now begun to create what we think will be an unprecedented system of high-quality and accessible primary and specialty medical care for the residents of Greater Boston and beyond."

Cape Ann Medical Center and General Medical Associates are both well-established, community-based practices, focusing on primary care. According to Ms. Zane, the physician practices will continue to provide all of the services they now offer to patients. Partners HealthCare System will lease the sites and facilities of each group, hire current employees, and provide related site and support services.

Cape Ann Medical Center, located in Gloucester's Blackburn Industrial Park, is comprised of 10 physicians who provide adult and adolescent primary care to nearly 60 percent of the Gloucester population. The practice was established in the mid-1960s by Walter E. O'Donnell, MD, who retired in 1990, along with Robert L. Jedrey, MD, Neil N. Mann, MD, and Peter S. New, MD, who continue as active members of the practice.

"The move to join Partners HealthCare System will allow us to continue traditional referral patterns to these excellent tertiary care centers," says Thomas Smith, MD, president of the Cape Ann Medical Center. "Our patients will continue to receive their primary care from the physicians they have come to know and

(continued on reverse)

Community benefit director named

IMPROVING the health of people in its service area will be one of the defining characteristics of Partners HealthCare System, Inc. Matt Fishman, Partners' newly appointed director of Community Benefit Programs, will help make that vision a reality.

Mr. Fishman will work with affiliated hospitals and organizations to strengthen existing community benefit programs and establish new ones. He will also work with Partners staff to develop opportunities that enable underserved populations to receive care in the Partners system.

"Matt has the ideal combination of experience, creativity, and commitment to lead our efforts in this key area," says Partners Vice President Robert Scott, to whom Mr. Fishman will report. "I look forward to working closely with Matt and helping him achieve the ambitious goals we have set."

(continued on reverse)

Patient care dictates media access

This past Wednesday David Clark, the alleged murderer of State Police Trooper Mark Charbonnier, was formally arraigned in his hospital bed at the MGH. The proceedings drew a great deal of media attention, with reporters requesting access to the inpatient unit.

The number of officials involved in the arraignment process was already sizable, and after consultation with clinicians on the unit, it was determined that the presence of the media would unnecessarily disrupt the delivery of patient care. While the press was not allowed into the room during the actual proceedings, an official of the Plymouth County District Attorney's Office made a statement and responded to media questions immediately after the arraignment. Many members of the press, however, were angry about being denied access to the proceedings, as indicated in some of their coverage.

Even in such cases in which unfavorable coverage may result, decisions regarding media access to patient care areas are always made with the health and safety of patients as the first consideration.

JCAHO survey

"THIS YEAR'S Joint Commission on Accreditation of Healthcare Organizations (JCAHO) visit will be very different from past years'," says Maryanne Spicer, director of Corporate Compliance. "The commission has changed its focus away from policies and procedures and much more toward performance and outcomes."

The commission is likely to view activities more broadly than before, she says, for instance looking at how patients are cared for from the time they enter the MGH to when they leave, compared with evaluating patient care by reviewing separate disciplines.

The JCAHO team will spend a lot of time interacting with people on the front lines and a wide range of employees are likely to be interviewed by JCAHO surveyors during their visit the week of Sept. 26 to 30.

"Employees should not feel as if they are being quizzed," says Ms. Spicer. "Rather, they should look at this evaluation procedure as a time to communicate what they already do — and do well. Each employee represents the entire hospital during the JCAHO visit, just as they do every day."

Employees and staff are encouraged to review the following questions and consider answers in advance of the visit.

- What is your role at the hospital?
- What makes you qualified to perform your job?
- What if any special training, experience, and continuing education do you have that helped prepare you for your job?
- What are your departmental systems for handling patients concerns and or ethical questions?
- How has your department improved in the past year?
- How has the hospital improved patient care in the last year?
- What safety information and training have you received?

Ms. Spicer points to several simple things employees can do to help ensure that the MGH maintains its JCAHO accreditation: Wear ID badges, make work areas as orderly as possible, cooperate with the JCAHO interviewers, and think through individual special skills and training.

Specific questions or concerns should be directed to Ms. Spicer, or Sally Mason, administrative fellow, at ext. 6-5109.

— Physician groups

(continued from front)

trust, with the added assurance that they have access to the world's finest specialized care if necessary."

General Medical Associates was founded in 1970 by Thomas C. Peebles, MD, and six other physicians from the MGH. Through the years, the practice has continued to expand into a large multidisciplinary group, with 46 practitioners recording approximately 60,000 patient visits a year at three locations, in Brookline, Weston, and Boston at the MGH.

"Our physicians have a tradition of partnership with MGH," says Dr. Peebles. "By formalizing our relationship with the Partners HealthCare System, we ensure our patients even greater access to two of the finest teaching hospitals in the country."

What's Happening

Discover MGH's diverse strengths

Employees who attend the MGH Cultural Diversity Awareness Day, Friday, Sept. 16, will have the chance to explore the hospital's diverse cultural environment. The day's theme, Weaving Diverse Strengths, will be highlighted through the events listed below, as well as food and displays.

Under the Bulfinch Tent

10 to 10:30 am
Mabel Biagini, Italian accordionist

10:45 to 11:05 am
Y-Chie P. Domings, Filipino vocalist

11:10 to 11:45 am
Pinky, Puerto Rican vocalist

11:45 am to 12:30 pm
Mattheos Orchestra, Greek band

12:30 to 1 pm
Kaji Aso, Japanese tenor

1 to 1:45 pm
Art of Black Dance and Music, African-American vocals and dance

1:45 to 2 pm
Richard Attridge, Irish flute

2 to 2:45 pm
Inca Son, Peruvian and South American folkloric music, dance, and vocals

2:45 to 3 pm
Sonji Williams, rhythm and blues vocalist

3 to 3:15 pm
Marie Montour, Creole vocalist

3:15 to 4 pm
The Upper Level Band, West Indian calypso, Soca, and Reggae music

In the General Cafeteria

11:20 to 11:35 am
Frank Callahan, Spanish vocals and instrumentals

11:45 am to 12:30 pm
Seamus Connolly, Irish music

12:45 to 1:30 pm
Moishe from Russia, Russian/Jewish band

1:45 to 2:15 pm
Bob Darche, folk and blues music

— Community benefit director

(continued from front)

In establishing the Partners community benefit program, Partners Chief Executive Officer H. Richard Nesson, MD, and President Samuel O. Thier, MD, reinforced the determination of the affiliated hospitals and health centers to do more to meet the needs of their surrounding communities and to provide leadership that will contribute to disease prevention, health education, and improvement of the health of Boston-area residents.

As director of the Brigham and Women's Hospital (BWH) Center for Perinatal and Family Health and administrator for the BWH Department of Emergency Medicine, Mr. Fishman has played an important role in recognizing and designing programs that respond to underlying causes of health problems in neighborhoods near BWH. In the BWH Emergency Department, Mr. Fishman's work has included managing day-to-day operations and providing leadership during major departmental change. He will continue to serve as director of the BWH Center for Perinatal and Family Health.

Mr. Fishman joined BWH as a fellow in 1990, receiving broad exposure to BWH clinical and administrative activities. Prior to that, he worked in state government for 10 years, including three years as assistant human services secretary, directing 10 state health and welfare agencies.

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MGH HOTLINE UPDATE

September 16, 1994

JCAHO arrives Sept. 26

Employee and patient safety and health are top priorities for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), which will conduct a survey of the MGH the week of Sept. 26 to 30.

Employees are encouraged to review safety issues relevant to their work areas and think through and know the answers to the following questions:

- What would you do in the event of fire in your work area?
- Where is the nearest fire extinguisher?
- What is the emergency evacuation route for employees and patients in your area?
- What infection control procedures are in effect in your area?
- How do you dispose of infectious waste?
- What would you do if you had a needle stick or other exposure to blood or body fluids?
- Where are the code carts located on your unit?
- Where is the Poison Center's number kept on your unit?
- What protective equipment (i.e. masks, gloves, lead aprons) is available to you?
- What are your department's responsibilities in a disaster?
- How should you report problems with medical equipment or chemical spills?
- How can you obtain information about hazardous materials used in your work area?

Specific questions or concerns should be directed to Maryanne Spicer, director of Corporate Compliance, or Sally Mason, administrative fellow, at ext. 6-5109.

Pay increases confirmed

Richard R. Crater, MGH chief executive officer, has announced a fiscal year 1995 wage and salary program, which includes an employee pay increase. The program, which has been funded at 3 percent, applies to all positions paid from General Hospital funds — physicians, managers, nurses, support staff, etc. For those paid by the Professional Services Corporation/Physician Organization, each practice will determine its financial ability to grant such an increase.

The program goes into effect Oct. 1, 1994, the start of the new fiscal year. Increases will be granted on employees' raise-effective dates. For more details, employees are encouraged to speak with their department heads, managers, and supervisors or call Wage and Salary at 6-5144.

Health center medical directors named

MGH's community health centers are operating under a new administrative structure. Clinical operations at each center are now overseen by an on-site medical director. The posts have been filled by Lorenzo Lewis, MD, at the Bunker Hill Health Center; Roger Pasinski, MD, at Revere Health Associates; and Tom Sterne, MD, at Chelsea Memorial Health Center.

Clinical services at MGH's health centers had been centrally directed by Roger Sweet, MD, who retired in June 1993.

"This new model will enable the community health centers to best meet the challenges of the future and position themselves as key players in these times of radical change," says Richard R. Crater, MGH chief executive officer.

Monday, Monday

A routine walk to work? Not quite. Lisa LaBella, radiologic technician *(right)*, sprang into action when she saw an elderly man fall headlong down a flight of stone steps near Staniford Street on a recent Monday morning. Shouting to a nearby building security guard to get an ambulance, Ms. LaBella raced to the man's side and began stanching blood from his facial wounds with a sweatshirt provided by another passerby. Simultaneously, Ann O'Malley, IHP office assistant *(left)*, was at the man's side and, realizing the man had stopped breathing, began administering CPR. Another passerby pitched in as well. By the time the ambulance arrived, the man was breathing without assistance. He was admitted to the MGH but now is home and doing well.

Banking benefits

The new Bank-at-Work benefits package offered by the Bank of Boston to employees of the hospitals within Partners HealthCare System, Inc., will be announced in the next few weeks. Bank-at-Work will offer free checking and savings accounts as well as discounts on several banking services to employees who arrange to have their paychecks directly deposited in a Bank of Boston account. Details will appear in an upcoming issue of *Hotline,* and information sessions are planned for both the main campus and CNY during October.

In General

Three years in a row

Joshua M. Kaplan, PhD, Molecular Biology, has received the Pew Scholar Award in Biomedical Sciences, a prestigious grant awarded by the Pew Charitable Trust. For the past five years, initially at MIT and since 1992 at the MGH, Dr. Kaplan has been studying synaptic signaling in *C. Elegans,* a simple worm. The Pew Charitable Trust awards 20 scholar grants each year, and for the past three years an MGH researcher has won an award.

A new beginning for a nurse and educator

Marion E. Winfrey, RN, EdD, part-time staff nurse, Bigelow 13, was named undergraduate program director at UMass Boston.

"It has been 18 years since I began working at the MGH, and 15 years since I became an educator," Ms. Winfrey wrote in the nursing department newsletter *Caring,* "and I still keep finding new challenges to understand, new knowledge to impart, and new patients to care for."

Advances

Zinc may play a role in Alzheimer's plaques

MGH researchers have found that elevated levels of zinc in the brain may play a role in the formation of amyloid plaques, a primary feature of Alzheimer's disease. The test-tube study, by Rudolph E. Tanzi, PhD, director of the MGH Laboratory of Genetics and Aging; Ashley I. Bush, MD, PhD; and others, appeared in the Sept. 2 issue of *Science.*

The researchers showed how zinc, at concentrations only slightly higher than found in normal brain tissue, binds with the normally soluble A-beta protein and causes it to form gluelike amyloid deposits, believed to be toxic to brain cells. They also showed that zinc does not bind to the form of A-beta found in rats and mice, which do not develop amyloid plaques.

Drs. Tanzi and Bush note that it is premature to infer a direct relationship between zinc and Alzheimer's from this study. No conclusions can be drawn without future investigation of the actual levels of zinc, an essential nutrient, in the brains of Alzheimer's patients.

What's Happening

Photo ID badges

To help ensure a secure hospital environment, and to enable patients and visitors to identify those who work at the MGH, hospital policy states that employees and staff must wear ID badges.

Those who have changed names or departments, or have lost their badges, should have a replacement badge made. New hours for ID badge processing at the MGH Police and Security Office are as follows:

Mondays, 1 to 4 pm
Wednesdays, 8 am to 5 pm
Fridays, 8 am to 1 pm

There is a $5 fee for replacing lost badges.

To ensure that all employees are able to get new or replacement badges, the Police and Security Office will also schedule night, evening, and weekend appointments for second- and third-shift employees. For more information or to schedule an appointment, call Police and Security at ext. 4-3030.

Smoking surrender

The MGH Bunker Hill Health Center is offering an intensive five-session program for quitting smoking and making lifestyle changes necessary to remain a nonsmoker. Sessions begin Wednesday, Sept. 21, 5:45 to 6:45 pm. The program costs $50, with a $20 rebate upon successful completion. Call Joanna DiBiase at 242-5704 to register.

Horribly Hardened Arteries

This year's MGH Easter Seals relay team, the Horribly Hardened Arteries, is getting an early start on next spring's relay, recruiting employees and staff for the as-yet-to-be-named 1995 team. This spring the team walked and ran for 24 hours, raising $4,300 to help send some MGH pediatric patients to Easter Seals camp in Maine. To find out how to join the team, or to create a little friendly competition by forming a new team, call ext. 6-8250.

Dialing dos and dont's

Beginning Oct. 15, there will be a permanent change in the way NYNEX telephone customers in Massachusetts will dial calls within the 617 area code that are beyond their local calling area (toll calls). The new dialing method for these calls, which has been available since July 15, is "1" + 617+ seven digits. For all directly dialed operator-assisted and calling-card calls to any number (including local calls) within the 617 area code, dial "0" + 617 + seven digits.

Before these new dialing methods become mandatory next month, all automatic dialing services, alarm or medical dialers, fax machines, computer modems, and/or services such as speed calling or call forwarding, should be evaluated to determine if reprogramming is required. For more information, contact the Communications Help Desk at ext. 6-2086 (select option 1 from the voice mail menu).

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MGH HOTLINE UPDATE

September 23, 1994

Camp Bunker Hill provides year-round fun, guidance

The school season is back, and for some 17 Greater Boston boys and girls that means heading to camp after classes. Nearly 20 years ago, the MGH Bunker Hill Health Center started offering after-school programs and a summer camp to local children with special needs. Known collectively as Camp Bunker Hill, the programs serve boys and girls ages 4 to 17 who typically require individual attention to address their learning style, behavioral issues, and social skills.

"A child may be overly impulsive, inappropriately express anger, or suffer from a stressful family situation," says Michael Cauley, PhD, program director. "These children need a particular kind of support, and that's exactly what Camp Bunker Hill offers."

Dr. Cauley, a psychologist specializing in cognitive behavioral and group psychotherapy, has been with Camp Bunker Hill for 17 years. He is supported by a 12-member staff — including codirector Scott McLeod and on-site coordinator Kerri Dolaher. The program employs individuals who are specially trained to work with the diverse needs of children in the program. Many hold college or advanced degrees in special education, social work, or psychology.

According to Colleen Cadger of Charlestown, whose 8-year-old daughter, Erin, attends the program: "Camp Bunker Hill is like a big hug for me. I'm a single parent, and the camp is helping me bring up my daughter in the best way I can. It's made such a big difference in Erin's life. She has learned to socialize better with other kids, and she expresses herself so much better. Now when something happens that she doesn't care for, instead of screaming and yelling, she simply says, 'Mommy, I don't like that.' "

The camp's small groups and added structure provide an ideal learning environment for the children. The after-school program at St. Catherine's Rectory in Charlestown offers educational and recreational activities for up to 20 children and also operates during school vacations.

During the summer months, the day camp is based at Charlestown High School, where approximately 50 children enjoy a variety of activities — including arts and crafts, cooking, computer activities, and athletics. Campers also make frequent visits to the camp's 150-year-old log cabin at the Hale Reservation in Westwood; travel to museums, beaches and other local attractions; and go on overnight camping trips.

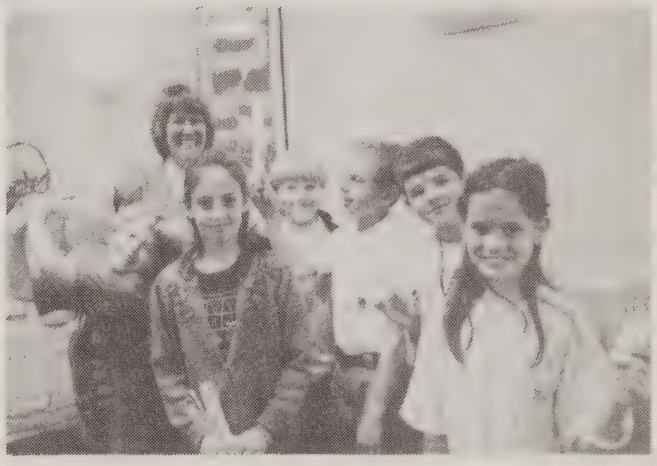
The MGH provides direct financial and administrative support to the program. Although the actual costs of supporting a child at the seven-week summer camp usually exceed $1,700, parents typically pay $100 to $150 per child, based upon a sliding scale. Private donations and fund-raising events also help defray costs.

The camp's annual benefit auction will be held Friday, Sept. 30, from 5:30 to 9 pm, at Building 149, CNY. Refreshments, including hot and cold hors d'oeuvres, will be served. Guest auctioneer Jay Gordon of WODS Radio will start the auction — with such prizes as weekend getaways and sports tickets — at 7 pm. Tickets are $15 each, or two for $25, and can be purchased by calling Terry DePaoli at ext. 4-7412.

Reminder

The Joint Commission on Accreditation of Healthcare Organizations (JCAHO) will conduct a survey of the MGH next week. Many departments and units have been notified that the survey team will evaluate their areas. The JCAHO team will also conduct unscheduled visits to other locations.

"Employees and staff are representing the hospital during this visit — as they do every day — and this survey provides an opportunity to be recognized for what they do so well," says Maryanne Spicer, MGH director of Corporate Compliance. Her advice to the MGH community: relax and take advantage of the chance to get feedback on your work.



Students from the Glover School in Marblehead brandish certificates recognizing their contribution to the MGH Pre-Admission Testing Clinic. Colorful poster-sized paintings by the youngsters now decorate the clinic's waiting areas. Debbie Essig, PAT clinic social worker *(left rear)* coordinated the project.

What's Happening

Another medical first
The first Medical Services House Staff Alumni Reunion will be Oct. 8 and 9. A symposium Oct. 8 will explore two themes: "Science and Policy" and "Science and Society." An Oct. 9 brunch will provide an opportunity for members of MGH medical internship training classes from 1937 to 1994 to socialize. For more information, call the Medical Services office at ext. 6-2862.

Feeling a little stressed?
Learn to understand stress and how, when controlled, it can be a positive tool. A one-hour seminar called "Is It Stress or Distress?" will be held Thursday, Sept. 29. Then explore techniques for managing stress in "Stress: Can it Be Managed?" Oct. 6. Both free sessions, sponsored by the Employee Assistance Program, run from noon to 1 pm in the Employee Health Classroom, Vincent Burnham 401. To register, call ext. 6-6976.

Neurology suite reopens
To mark the reopening of the Neurology Ambulatory Unit, WACC Suite 835, after extensive remodeling this summer, Anne B. Young, MD, PhD, chief of Neurology, will host an open house, Oct. 6, from 5 to 7 pm. The Neurology practice also has a new, dedicated outpatient referral line — ext. 4-3367 — to serve referring physicians and their office staff between 8 am and 5 pm.

MGH *in the* News

The MGH on "Trauma Center"
The MGH will be featured in the episodes of the syndicated television program "Trauma Center" that air this weekend and next weekend. In Boston, the program appears on WLVI-TV Channel 56 Saturdays at midnight and Sundays at 6:30 pm. Information about additional episodes of the program, some of which was filmed at the MGH this past summer, will appear in future issues of *Hotline*.

Sept. 1 — Rudolph Tanzi, PhD, director of the Laboratory of Genetics and Aging, was interviewed by numerous media regarding his lab's discovery of a possible connection between zinc and Alzheimer's disease. Those covering the story included *The Boston Globe, The Boston Herald, The Los Angeles Times, The New York Times, USA Today, The Wall Street Journal,* WLVI-TV Channel 56, and WBZ Radio.

Sept. 3 — Michael Glickman, MD, and **Philip Wang, MD,** MGH internal medicine residents, were quoted in a *Boston Globe* article about a joint MGH/BWH research project evaluating pocket computers as medical reference tools.

Sept. 9 — Dana Stearns, MD, Emergency Department, was interviewed by WBZ-TV Channel 4, regarding patients brought to the hospital after the riot at the Green Day concert on the Esplanade.

Sept. 11 — John Stoeckle, MD, Internal Medicine, and **Britain Nicholson, MD,** director of Primary Care, were both quoted in a *Boston Herald* article about the coming shift away from specialty medicine to primary care.

Sept. 14 — Stephen Friend, PhD, of the MGH Cancer Center, was interviewed by WBZ-TV Channel 4, *The Boston Globe,* and *The Wall Street Journal* regarding the discovery of the BRCA1 breast cancer gene by scientists at other institutions.

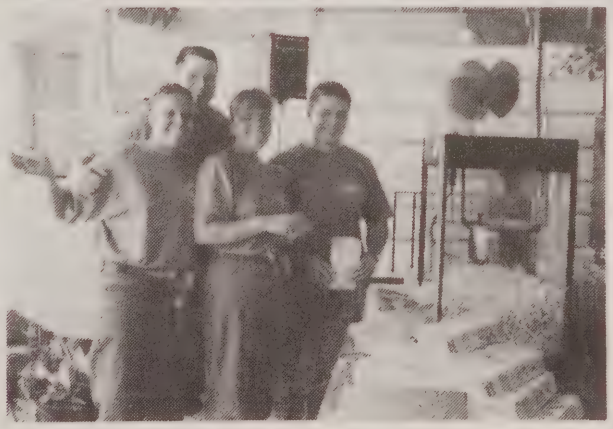
In General

Drs. Fitzpatrick and Parrish honored
Earlier this week, Thomas B. Fitzpatrick, MD, and John A. Parrish, MD, past and current chiefs of Dermatology at the MGH, received the National Medical Research Award for their development of oral PUVA treatment of psoriasis. More information on this award will appear in an upcoming issue of *Hotline*.

New program director at HMS
Harvard Medical School has a new director of its MD/PhD program: Dennis A. Ausiello, MD, chief of the MGH Renal Unit, professor of Medicine, and vice chairman of the Department of Medicine. He succeeds Gerald D. Fischbach, MD, MGH chief of Neurobiology, who had been acting director since November 1994.

Retirement? Never!
Walter Guralnick, DMD, who served as MGH chief of Oral and Maxillofacial Surgery from 1967 to 1982, recently assumed the role of executive director for Clinical Affairs at the Harvard School of Dental Medicine. Dr. Guralnick, 77, still sees patients as a visiting surgeon at the MGH.

The real problem is fear
According to MGH health education coordinator and CPR expert Linda Lass-Schuhmacher, RN, MEd, CHES, the real reason why people do not learn CPR skills is not apathy but fear. Her comments were published in the September issue of *Emergency Medical Services*.



Police and Security Department staff members *(from left)* Tricia McQuade, Bob White, Barbara Donovan, and Tom O'Brien work the popcorn booth at the Security Fair. The Sept. 8 event presented information about safety on the job and at home in a festive atmosphere.

September 30, 1994

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Partners progress

Coordinating Partners clinical services

THE Clinical Services Task Force recently announced policies that begin establishing a process by which clinical services will be coordinated within Partners HealthCare System.

The Guidelines for Reviewing Clinical Services, approved by clinical chiefs at the MGH and BWH, as well as the Partners Operating Committee, "are designed to ensure a consistent, thoughtful and coordinated approach to the various efforts undertaken by Partners," according to Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System, and chairperson of the Clinical Services Task Force. They were drafted by W. Gerald Austen, MD, MGH surgeon-in-chief; Eugene Braunwald, MD, chairman of the BWH Department of Medicine; Lee Goldman, MD, BWH chief medical officer; and Thier.

The following is excerpted from the guidelines:

The vision that guides the affiliation between Massachusetts General and Brigham and Women's hospitals is one of a system providing the most advanced, comprehensive patient-centered care available while maintaining a fundamental commitment to research and education. The following guidelines for considering clinical services have been developed to support and enhance this vision. Their success depends on their being applied in a fair, even-handed and collegial fashion. They are offered in that spirit.

In considering the clinical services of the Brigham and Women's and Massachusetts General hospitals, the following principles shall apply:

- This is an affiliation of equals and will remain so.
- Each institution shall remain an outstanding, full-service hospital.
- Between the two institutions, all the most sophisticated services shall be available.
- The institutions shall complement each other. While a decision to assign a program or resources to one need not be balanced immediately by a comparable assignment to the other, care will be taken to ensure that both institutions retain equivalent excellence and that overall balance is maintained.
- Existing programs with other Harvard Medical School affiliated institutions may be continued; requests for new investments in such programs will, however, require that the program be reviewed. All appropriate efforts shall be made to maintain patients within the Partners network.
- The directors of complementary programs at each institution are expected to be in frequent communication with one another, to understand each others' plans and strategies, and to work together to support the goals of the entire system.
- Although all clinical services will be reviewed periodically, special evaluations will be undertaken in the following circumstances: proposal of a new service; asymmetrical reduction in the activity of a service through retirement or recruitment away; symmetrical reduction in activity or a service; and duplicative, high-cost services.

The task force also announced the Principles for the Partners Community HealthCare Network, which will appear in an upcoming *Hotline*.

A MESSAGE FROM RICHARD B. GRAPPE, CEO

AS WE FACE the challenges of the future, the need to communicate with each other and to be informed about what is happening across the hospital and throughout our growing health care delivery network becomes ever more important. One way to achieve that goal is through publications such as the *Hotline,* which has proved itself to be a critical vehicle for disseminating information and news about what is happening — from far-reaching management decisions to research breakthoughs to the latest event under the Bulfinch Tent. In January, the Public Affairs Office began publishing *Hotline* on a weekly basis, and with this issue, the *Hotline* has now expanded its format to meet the ever-growing need for information. As chief executive officer of the MGH, I am absolutely firm in my conviction that the people who together comprise our great institution can meet any challenge that comes their way. To find out more about exactly what shape that challenge might take, read the *Hotline.*

The affiliation

Thier outlines the hurdles, the challenge, the vision

HOPES for health care reform this year have dimmed, the managed care movement is seriously challenging teaching hospitals, and the best hope for the future is the aggressive development of the Partners HealthCare System. That, in a nutshell, was the message delivered by Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System, at a medical staff breakfast at Brigham and Women's Hospital last week. The briefing was one of a series of presentations at both BWH and the MGH being given by Thier.

Driven primarily by economic considerations, the managed care movement is forcing teaching hospitals like the MGH and BWH into a less competitive position because of the added financial burden of supporting teaching and research missions, Thier told about 50 BWH physicians. The threat to those missions is real, he noted, and with a combined $300 million annual investment in research alone, "it is not an investment one would like to see fold under."

Managed care is also forcing a movement toward a capitated system that is squarely at odds with the old incentive system. Hospitals have traditionally measured success by caring for the most patients possible. But under a capitated system, maintaining hospital census is less important than treating patients cost effectively.

In Thier's view, it would be better if the emerging capitated system would instantly replace the old system because at least then the hospitals could organize appropriately to deal with it. But the difficulty is that both systems are in place simultaneously.

Predicting that managed care may force a cutback of up to 50 percent of Boston's tertiary care capacity, Thier said that hospitals have the choice to close, contract or consolidate. The Partners affiliation represents a consolidation that offers the opportunity for the MGH and BWH to decide jointly where contractions are to be made, enabling the system to preserve the best it has to offer.

"If you are going to consolidate," Thier said, "you want a fiscally sound partner with the same values and a commitment to the highest quality service. Those criteria are met very well in the BWH-MGH affiliation.

"The fact is we will have fewer beds and less activity at our home bases," he said. "What we have to do is to develop a strategy to take control of change through the development of an integrated system of care delivery."

The MGH and BWH will have to be willing to transfer their skills, knowledge and information to other parts of the network. That represents a different way of thinking about how the hospitals deliver care, he said.

The problem of cutting costs in the delivery of patient

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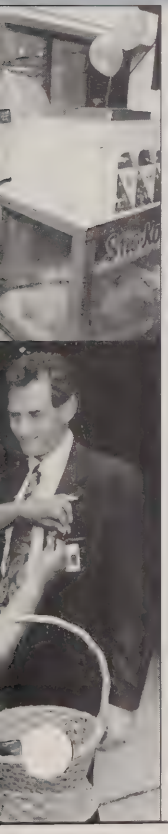
MGH HOTLINE

care while preserving the hospitals' teaching and research missions will require investment subsidies, which Thier said can come only from government, industry, and private philanthropy. While government support cannot be expected to increase significantly or indefinitely, he noted, industry is increasingly turning to hospitals to share the risks and rewards of developing new treatments and technologies. The MGH, he said, has been especially successful in forging such partnerships. Private philanthropy, which will reach $32 million this year at the MGH, will also need to be maintained, Thier said. The best way to do that, he noted, is to deliver the best possible care to our patients. ●

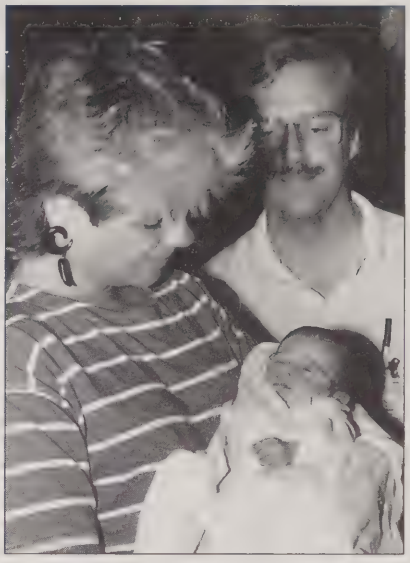
Strengths



HUNDREDS of patients, visitors and staff experienced MGH's cultural diversity through food, crafts, entertainers and educational displays at the MGH Cultural Diversity Awareness Day, Sept. 16.

Clockwise from left:
Y-Chie Domings, secretary in the Office of the General Counsel, sings in Pilipino; Gail Kuhn Weissman, RN, EdD, senior vice president for Patient Care and chief nurse executive, serves snow cones with Richard R. Crater, chief executive officer; and Nicole Alvarado, admissions interviewer, Outpatient Registration, pins a cultural diversity button on Thomas Murphy, security manager, Police and Security.

Home delivery hero



WHILE MAKING an early debut, Eric Joseph DeRocco, *lower right,* made an unexpected hero of Peter Tierney, cashier in the WACC cafeteria, *right.* As Tierney left his East Boston home on the evening of Sept. 7, a neighbor, Richard DeRocco, was shouting for someone to call for an ambulance: His companion, Christina Schacht, *left,* more than eight months pregnant with their third child, was in distress. Having four children of his own, Tierney knew labor could progress swiftly. He rushed to Schacht. Eric was about to be born — breech. "It was very stressful, but somehow I kept my cool," Tierney says. He first eased Eric's legs out, then, making sure the umbilical cord was not around the baby's neck, gently guided first one then the other shoulder, and finally the baby's head, to freedom. He was attempting to start Eric breathing when the paramedics arrived.

"As Peter left, half the neighborhood was in the street clapping, cheering and hugging him," says DeRocco. "It was like something you see in the movies."

Eric was taken to the MGH NICU, where he remained nine days for observation.

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MGH HOTLINE

Fitzpatrick and Parrish honored for 20 years of PUVA research

SUNBURN. Mosquito bites. Poison ivy. Almost everyone has felt the itching and discomfort these minor skin irritations cause, but the symptoms eventually go away. But for people with psoriasis, these symptoms as well as reddish patches and silvery scales that appear on the skin again and again don't easily go away.

Psoriasis is a noncontagious skin disorder that affects millions of people in the United States. And while usually not dangerous, it can be uncomfortable and a source of embarrassment to many.

In 1974 Thomas B. Fitzpatrick, MD, John A. Parrish, MD, and others developed a treatment for psoriasis that continues to be widely used today. In recognition of their research, Fitzpatrick and Parrish were recently honored with the National Health Council's National Medical Research Award. The annual award recognizes medical scientists who have made outstanding contributions to the understanding, treatment and/or cure of various chronic illnesses. They received the award Sept. 21 at a ceremony on Capitol Hill in Washington.

In 1974 Fitzpatrick, then chief of Dermatology; Parrish, the current chief; and several colleagues published a study describing a psoriasis treatment using ultraviolet-A radiation combined with oral doses of psoralen, a drug of ancient Egyptian origin that causes skin to become sensitive to light. This therapy, known as oral PUVA (psoralen and ultraviolet-A light), relieves many people of the symptoms of psoriasis and enables them to feel less self-conscious about their skin. For many psoriasis sufferers, PUVA therapy remains one of the most important advances in the treatment of this condition.

This psoriasis research by Fitzpatrick and Parrish inaugurated a new branch of medicine known as photochemotherapy, a combination of light and drug treatment. Photochemotherapy has been the basis for further research into the use of light in the diagnosis and treatment of other ailments. Parrish currently directs the MGH Wellman Laboratories of Photomedicine and the MGH Laser Center. ●

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Jeff Wdow
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Banking program sessions

Details on the Bank of Boston's Bank-at-Work program, which offers discounted services to employees of hospitals belonging to Partners HealthCare System, Inc., will be presented at special sessions scheduled for the following dates:

Tuesday, Oct. 11
6:30 am to 5 pm
Gray Lobby

Wednesday, Oct. 12
7:30 am to 5 pm
CNY, West Lobby

Thursday, Oct. 13
6:30 am to 5 pm
Gray Lobby

Additional information will appear in next week's *Hotline*.

Timilty School

Making the connection between science and real life, between the classroom and work, is an important part of the education of seventh- and eighth-graders. MGH researchers and scientists can help by serving as mentors for the MGH/Timilty Middle School partnership. Mentors meet with students for approximately two hours every other Friday for seven weeks. More information will be available at information sessions in Walcott 1, Monday, Oct. 3, from 7:30 to 8:30 am and from 10 to 11 am, or call Joan Fitzmaurice at 6-3147.

United Way

Issuing "arrest warrants," delivering carnations, and selling baked goods are just some of the fund-raising ideas in place for this year's United Way Campaign. Fun, informative events will highlight campaign celebration days at CNY Oct. 5 and under the Bulfinch Tent on the Main Campus Oct. 6. For more information, contact Bonnie Michelman, director of Police and Security and this year's United Way Campaign chairperson at 6-7979 or the United Way representative in each department.

Depression screening day

To raise awareness of depression and its treatments, the MGH will participate in the National Depression Screening Day, Oct. 6. In addition to free individual screenings available from 9 am to 5 pm, the day's activities at 50 Staniford St., fourth floor, include: a video on depression, noon to 1 pm and 2 to 3 pm; talks entitled "Depression and its Treatments" at 10 am and 3 pm, and "Depression in the Workplace" at 11 am and 4 pm; and a panel discussion at 1 pm. For more information call 4-6532.

October 7, 1994

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Dr. Austen named CEO of new physicians organization

SURGEON-IN-CHIEF W. Gerald Austen, MD, has been appointed president and chief executive officer of the new Massachusetts General Physicians Organization (MGPO), which was established recently by an overwhelming vote of the Massachusetts General Physicians Corporation (MGPC) and will incorporate functions previously handled by the MGH Professional Service Corporation (PSC) and the MGPC. In addition to Austen's appointment, Daniel Ginsburg, a senior manager in the health care division of the Boston Consulting Group, has been appointed chief operating officer of the MGPO.

Surgeon-in-Chief W. Gerald Austen, MD

While the MGPC will continue to exist as an advocacy group for practicing clinicians, contracting responsibilities will be gradually transferred to the new organization. This reorganization puts physicians at the center of efforts to improve efficiency and develop a performance-driven health care system, both at the MGH and throughout the developing Partners HealthCare System.

"I am pleased and honored to lead this new physicians organization," Austen says. "Unifying our medical staff is a critical move toward organizing resources to meet the challenges before us. The MGPO will be a key force in developing more cost-effective and market-responsive services, but it will be driven by a commitment to the hospital's traditional mission: excellence in patient care, education and research."

The new MGPO will be directed by a 15-member board of trustees. By law, only three of those board members can be physicians. Currently sitting on the board are five board members from the former PSC board and Herman D. Suit, MD, PhD; Nicholas T. Zervas, MD; and Robert J. Boyd, MD. The other seven board members have yet to be named.

All former PSC physicians became employees of the new organization as of Oct. 1. Participation in the organization is also open to all other members of the clinical staff of the hospital, including physicians, psychologists, podiatrists and dentists.

The goals and guiding principles of the new organization are as follows:

- To serve as an inclusive organization for physicians and other professionals who have clinical staff appointments at The General Hospital Corporation and other MGH-affiliated organizations;
- To recognize the value of pluralistic modes of practice;
- To ensure that physicians are responsible for determining patient care policies and clinical practice standards as a separate entity from, but in cooperation with, the General Hospital and the MGH-affiliated organizations;
- To ensure commitment to high-quality service and responsiveness to patient care for all populations, as measured by

(Continued on Page 4)

Inside

Capital Budget Committee
New banking benefit

New Capital Budget Committee established

PARTNERS HealthCare System, Inc., recently appointed a Capital Budget Committee. The eight-member committee will develop a process for determining guidelines and principles for a capital plan covering the entire Partners organization, including the BWH, the MGH and the network.

According to Robert H. Scott, Partners vice president, the new committee will ensure that the capital planning for the two hospitals is done jointly. Until the affiliation, each hospital developed its own capital plan, determining what would be spent on major items: buildings, renovations, equipment and network expansion. The new committee will develop a systemwide approach to capital investments, thus permitting coordinated planning and allowing resources to be allocated between renovating facilities today, building the network, and reserving funds for future needs.

"We need to coordinate capital planning for the hospitals, particularly in times of scarce resources and when the environment is changing rapidly," says Scott.

"We must make sure that capital is spent appropriately and that the system remains flexible. Whenever possible, we must try to avoid expanding in inflexible ways. Most important, we must develop a systemwide approach to capital planning."

Other members of the committee are W. Gerald Austen, MD, MGH surgeon-in-chief; Richard R. Crater, MGH chief executive officer; Lee Goldman, MD, BWH chief medical officer; Jeffrey Otten, BWH chief executive officer; Jay Pieper, BWH senior vice president and chief financial officer; Catherine J. Robbins, MGH senior vice president for Administration and chief financial officer; and Ellen M. Zane, Partners vice president and network president. ●

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A changing role

SIX YEARS AGO this month, 18-year-old Yolanda Dozier, *right,* came to work at the MGH as a weekend unit secretary and transcriber. A year later she became a full-time operations associate on White 8. Her goals and outlook have changed in six years, and her role at the MGH has evolved to support those changes.

"I liked the operations associate job, but I kept seeing people, even those I had trained, move up because they had degrees," says Dozier. "I decided to go back to school because I wanted to do better for myself and my daughter."

Dozier heard about the Francis W. Harris Scholarship Award from the MGH Minority Nurse Retention and Recruitment Committee just five days before applications were due. She not only completed her application in time, but won the scholarship, which is sponsored by the New England Regional Black Nurses Association. Now a student at Bunker Hill Community College School of Nursing, Dozier is performing her clinical work as a nursing assistant on White 8. Having completed the required competencies within her nursing program, Dozier will be promoted to clinical associate Oct. 16.

"I have a new role, I'm doing new things, but the setting is familiar; I know where everything is. And I know the people, which helps," she says. "But I still want to answer the phone every time it rings."

Walter Moulaison Jr., RN, BSN, nurse manager on White 8 says: "We have a very diverse patient population on this floor, which requires a diverse staff. Yolanda has always interacted well with the patients, and we've been lucky to have her on White 8. It is great to see her in a clinical role now."

October 7, 1994

MGH HOTLINE

New banking benefit for Partners employees

EMPLOYEES of hospitals belonging to Partners HealthCare System, Inc., are now eligible for Bank of Boston's Bank-at-Work program. This option, available to those who arrange to have their paychecks directly deposited into Bank of Boston accounts, offers discounted banking services as follows:

- no monthly service charges or minimum balances on selected checking or savings accounts;
- A 1/2 to 1 percent interest rate discount on new car loans, personal loans, or home equity loans (subject to credit approval);
- Discounts on origination and closing fees for home mortgages (subject to credit approval);
- No annual fee IRAs;
- Free ATM card and initial order of personalized checks;
- $10 discount on an annual safe deposit box fee (subject to availability);
- Special investment opportunities, such as bonus rates on select CDs.

Bank of Boston representatives will visit the MGH and BWH this month to further explain the program, distribute information, and open new accounts for employees. MGH information sessions are as follows:

Tuesday, Oct. 11
6:30 am to 5 pm
Gray Lobby

Wednesday, Oct. 12
7:30 am to 5 pm
CNY, West Lobby

Thursday, Oct. 13
6:30 am to 5 pm
Gray Lobby

Employees who already have Bank of Boston accounts can join at these sessions or call the bank directly at the number below. In the future, bank representatives will visit the hospitals regularly to answer questions, offer seminars on subjects of interest, and provide special banking services. At the MGH, a Bank of Boston ATM is located in the Warren Lobby and on First Avenue at CNY.

Anyone unable to attend these sessions can call the bank at 1-800-252-6000 and ask for a Partners HealthCare representative. Assistance is available from 8 am to 9 pm, Monday through Friday, and from 9 am to noon Saturday. ●

What's Ahead

Deadline for directory data forms

All outstanding individual data collection forms for the MGH Telephone Directory must be received by the Communications Department (WHT1425) by Oct. 21 for inclusion in the Communications Department directory database.

For questions regarding completion of forms, please call 6-2086, and choose voice mail option 3.

Put your foot down against domestic violence

Recent news events underscore that domestic violence is one of the most devastating crimes that affects society, regardless of race, religion or socio-economic status.

MGHers can take part in a community display against domestic violence by joining this year's MGH team at the 1994 Jane Doe Walk for Women's Safety Sunday, Oct. 16.

Registration for the 10K (6.2 miles) walk begins at 10 am at the Hatch Shell on the Esplanade in Boston. Walkers from the MGH should meet at the Medical Tent near the Hatch Shell at 11 am. Pledge sheets are available on the door of Employee Health, Burnham 403. For more information about domestic violence and the walk, stop by the information tables in the WACC Lobby Friday, Oct. 7 and Thursday Oct. 13, 10 am to 2 pm.

In Brief

James F. Gussella, PhD, who attained fame last year when he and his colleagues isolated the gene defect for Huntington's disease, has been awarded the Chicago Institute of Neurosurgery and Neuroresearch Associates CINN-ELEKTA Decade of the Brain Award. Dr. Gusella and his laboratory have also found genetic markers for Alzheimer's and the familial form of ALS, also called Lou Gehrig's disease.

The American Cancer Society recently awarded a $200,000 2-year grant to **Carl S. Shelley, PhD,** of the MGH Renal Unit. The grant will support Dr. Shelley's investigations of the molecular defects that cause hairy-cell leukemia, defects that may also be implicated in the development of melanoma, brain tumors, and asbestos-induced cancer.

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MGH HOTLINE

National Community Health Center Week

NATIONWIDE, health care delivery has been moving from tertiary care centers into the community. Close to home this pattern can be witnessed at the MGH's own community health centers, which are observing National Community Health Center Week, Oct. 3 to 9.

"Our health centers will continue to expand over the next year, as we reach out to new populations," says Mary Leary, MGH Community Health Centers administrative director. Among the changes: more collaboration among the health centers, a stronger link between the centers and the main hospital and the expansion of many health center programs.

All three health centers will institute a comprehensive smoking-cessation program, which includes a staff of bilingual and bicultural outreach workers. Bunker Hill Health Center will build on two successful years of breast cancer education and prevention by adding cervical cancer to the program. Cancer outreach efforts will also be offered through the centers in Revere and Chelsea. Another highlight of the coming year is the Revere Health Associates' planned move into a new, expanded space enabling care to be delivered in a more comfortable and welcoming setting. The planned increase in size will accommodate an expansion of current services and the addition of new programs.

To effectively manage the changes taking place in delivery of health care at the community health centers, a new management structure was established, placing medical directors at each site.

"The new organization will bring a team approach to the centers and give clinical staff more input into program development, strategy and decision making," Leary says.

To promote better interaction among the health centers and the main hospital, an expanded free shuttle service linking all of the locations has been in operation since Oct. 3. The new shuttle stops in front of the MGH Revere Health Associates on Broadway, in front of the Chelsea Health Center on Bellingham Street, and at the Gray Building entrance on the MGH Main Campus. For more shuttle service information and the schedule, call 6-2250. ●

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—New physicians organization

(Continued from Page 1)

accessibility, quality, cost effectiveness and continuity of care;

- To recognize the importance of both primary and tertiary care and support their roles and development at the General Hospital and MGH-affiliated organizations;
- Within the managed care environment, to be driven by clinical concerns while fostering and supporting excellence in teaching and research;
- To serve as the contracting entity for MGH physicians and other clinicians for managed care;
- To be performance driven and risk sharing, with managed care funds distributed according to productivity;
- To create a user-friendly, market-responsive, cost-effective delivery system;
- To be a vehicle for relating to outside physician groups and to support affiliated physicians on a nondiscriminatory basis, taking into account objective benchmarks including relevant performance data;
- To work jointly with the General Hospital and other Partners HealthCare hospitals;
- To develop cost-efficient and effective support systems to enable the MGPO to become a leader in managed care and to be cost competitive and respond to market demands for capitation, case rates and disease-based service;
- To recognize the need for and provide necessary support for those practices willing to accept responsibility for a disproportionate amount of training of physicians or care to the underserved.

"The establishment of this organization is an important first step to achieving a network in which physicians will play an indispensible role," says Samuel O. Thier, MD, president of Partners and of The Massachusetts General Hospital. "I look forward to working closely with the MGPO in the challenging years ahead." ●

Sept. 20 — Thomas Brady, MD, director of the MGH MR Imaging Center, was interviewed by *The Boston Herald* regarding the MGH's use of a high-speed NMR system.

Sept. 25 — Nicholas Zervas, MD, chief of Neurosurgery, was profiled in *The Boston Globe* regarding his role as head of the Boston Symphony Orchestra's Board of Trustees.

October 14, 1994

MGH HOTLINE

Information systems: Change is on the way

E-MAIL for all, an electronic medical records management system, improved patient appointment tracking and scheduling — these are just a few highlights of a long-range strategic plan being implemented by MGH Information Resources (IR) in a major effort to improve information systems at the hospital.

According to Samuel Miller, senior vice president for Operations and chief information officer, a two-year evaluation of MGH information systems has resulted a series of recommendations for change, including the introduction of more modern information technology for the MGH and Massachusetts General Physicians Organization (MGPO) physician practices.

More detailed planning culminated in the presentation in June of the information resources strategic plan to the MGPO/MGH Information Resources Oversight Committee, Miller says, including a statement of vision and strategic directions, a summary of proposed near term actions and the "architectural" model of the information system design for both the MGH and the MGPO.

While existing systems and services continue to be improved, Miller says, the development or acquisition of new or replacement information services throughout the hospital is now under way. These systems will be phased in under a multi-year program with the most important items to be completed in two to three years. An outline of the plan is as follows:

1) Acquisition of an enterprise patient management system to provide a single

(Continued on Page 2)

MGHers "do their time" at the United Way jail booth Thursday, Oct. 6. Employees could have their colleagues "arrested" for a $1 donation to the United Way. The suspects who would not pay an additional $1 in bail to avoid arrest were escorted to jail by Police and Security staff to serve their two-minute sentence. Events raised money toward the MGH United Way campaign. From left are: Paul Aloise, supervisor, Patient Financial Services; Luciana Uint, MD, Cardiovascular Lab; Ruth Lewis, Rick Lowe, Debbie Georgenes, and Mary Kelley, all of Patient Financial Services.

Ether Day: A New Location, A New Look

TODAY'S ETHER DAY celebration will have a decidedly new look, both in format and location. A reception for all employees is scheduled from 2 to 4 pm on Blake 8, affording employees a sneak preview of the MGH's newest building. The program, moderated by Jeff Davis, senior vice president for Human Resources and Continuous Improvement, is scheduled to begin at approximately 2:15 pm and will include brief addresses from hospital leaders, including Samuel O. Thier, MD, president of The Massachusetts General Hospital, and Richard R. Crater, chief executive officer of the General Hospital.

The flexible format, also featuring food and music, was designed to enable employees to drop by for as long or as short a time as their schedules permit. The Blake Building can be entered through the Blake 1 elevator off the corridor running between the Gift Shop and the Warren Lobby.

Recipients who are celebrating 20 or more years of service have been invited to the traditional Ether Day dinner, which will be Oct. 20 in the Walcott Rooms and WACC Cafeteria.

— *Information systems: Change is on the way*

(Continued from Page 1)

information repository for patient demographics, insurance profiles, referral tracking and a service encounter history of patient activity;

2) Improved services for information access by providers including:

- access to e-mail for all and streamlined access to the Internet;
- clinical results and other information reporting for physicians in advanced presentation formats;
- development of the electronic medical record based on a primary care model and tailored to subspecialty need;
- acquisition of a patient care information system including bedside (point-of-care) computing, orders management, care planning/case management, patient/staff education, clinical guidelines and critical care information services;
- acquisition of systems to support the specific needs of nursing and allied health professionals;
- improvements to the patient care administrative information system;
- a picture archiving communications system (PACS) for diagnostic imaging; and
- a document imaging system for paper medical records and patient accounting.

3) Support of physicians' practice including:

- improved patient appointment and scheduling;
- electronic data links to all payors for enrollment checking, eligibility verification and benefits coverage analysis;
- access to integrated patient scheduling information;
- managed care, billing and claims processing services;
- an electronic records management system, a precursor to the electronic medical record;
- improved systems for utilization management/ quality assurance; and
- modeling of the physicians practice information system to determine other needs.

4) Business system services including:

- replacement of general financial, billing and managed care systems, and a new system for fixed assets management;
- replacement of human resource/ payroll systems;
- replacement of patient accounting systems;
- administrative services for corporate records management including document imaging;
- an executive information system;
- a decision support system for cost accounting, budgeting and productivity reporting;

5) Development of a comprehensive master plan for provision of information services to the research community;

6) Integration of some 50 local area networks and free-standing departmental systems to the hospital network; and

7) Provision of workstations throughout the hospital and physician practices for information presentation tailored to provider, research and administration need.

While these programs are being planned, restructuring of Information Resources is also under way, Miller says. The hospital has been organized into 18 programs, which will be led by user steering committees, each supported by an IR program manager. Overall direction of the programs is shared by two directors, Paul Peck and Jim Noga. Two other senior directors, John Marshall and Phil Jackson, have been appointed to assist with program coordination, planning and system technical design. Directors Bob Pappagianopoulos and Bob Lewis will share responsibility for managing infrastructure services, computer operations and network services.

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Ether Day
1994

For Fifty Years

Joseph W. Gardella, Medicine
Alexander Leaf, Medicine
Hans P. Mueller, Radiology
Chiu-An Wang, Surgery
Avery D. Weisman, Psychiatry
Earle W. Wilkins, Jr., Surgery

For Forty Years

K. Frank Austen, Medicine
Daniel J. Caufield, Buildings and Grounds
John G. Clark, Jr., Psychiatry
John C. Dalton, Medicine
C. Miller Fisher, Neurology
Eleanor T. Medeiros, OR Administration
Richard R. Peebles, Psychiatry
Leonard H. Plotkin, Pediatrics
Gene M. Smith, Psychiatry
Oscar E. Starobin, Medicine

For Thirty Years

Annie M. Ablorh, Partner's Health Care System Treasury Department
Sherry B. Autor, Psychiatry
G. Octo Barnett, Medicine
Mary Berbaum, Nursing
Robert L. Brooks, OR Administration
Paul H. Chapman, Neurosurgery
Anthony B. Cosimi, Surgery
Sarah A. Daley, Nursing
Donald D. Donovan, Orthopaedics
John F. Drake, Cardiac
Amir M. Farhadi, Psychiatry
Mark G. Field, Psychiatry
Kathleen J. Grady, Photography
Stanley Grzybek, Biomedical Engineering
Raymond Hawkins, Cardiac
Frederick J. Haynes, Credit and Collections
Patricia A. Herbai, Nursing
Deborah A. Hill, Chelsea Health Center
Cyrus C. Hopkins, Medicine
Mildred J. Johnson, Hematology
Jerome Kagan, Pediatrics
Adolf W. Karchmer, Medicine
Marie E. Kerrigan, Human Resources
Michael B. Lewis, Surgery
Mary L. Lynch, Nursing
Harry A. MacKay, Neurology
Barbara Mahoney, Nursing
Christine A. McGlory, Radiology
James C. McFarland, Medicine
Martin C. Mihm, Jr., Dermatology
Lawrence M. Miller, Medicine
Donald S. Pierce, Orthopaedics
Zigmunt W. Pozatek, Oral Surgery
Bruce M. Rosenberg, Pediatrics
Daniel C. Shannon, Pediatrics
Margaret M. Schulz, Nursing
Thomas E. Shea, Radiology
Josephine M. Souza, Nursing
George Terzides, Buildings and Grounds
Joel Umlas, Pathology

For Twenty-Five Years

Robert S. Abernethy, III, Psychiatry
Theresa L. Adjan-Vallen, Nursing
Anne W. Alonso, Psychiatry
Carolyn S. Anderson, Nursing
Bernard R. Aserkoff, Medicine
Joseph Avruch, Medicine
Ross J. Baldessarini, Psychiatry
Manya M. Barnett, Nursing
Margaret E. Bauman, Pediatrics
Roger A. Bauman, Radiology
Jeanine Belizaire, Nursing
Jennie A. Bering, Blood Transfusion Service
Donna R. Blakely, Nursing
Marianne L. Bower, Dermatology
Sandra Boyd, Women's Health Associates
John Bufford, Environmental Services
Daniel F. Burdick, Materials Management
Daphne R. Burgess, Nursing
Helene C. Burrows, Surgical Associates
Ruth A. Burrows, Nursing
Pauline M. Buszkiewicz, Social Service
Michael H. Byrne, Arthritis
Janet E. Cannon, Nursing
Louisa Cardillo, Radiology
Linda M. Carpenter, Radiology
Diane L. Carroll, Nursing
Merry H. Chames, Health Information Management
Charles T. Claydon, Surgery
Lorraine M. Concannon, Radiology
Nancy E. Coolberth, Blood Transfusion Service
Judy T. Cote, Surgical Associates
W. Robert Courey, Radiology
Kathleen E. Creedon, Dietetics
William F. Crowley, Jr., Medicine
Ann A. Daniels, Social Service
Rosa Davis, Neurology
Zareh N. Demirjian, Medicine
Marianne Desrosiers, Environmental Services
Margaret V. Donovan, Nursing
Lambertus J. Drop, Anesthesia
Nellie W. Eaton, Nursing
Sherry Edson, Nursing
Joan M. Elkin, Hematology
Peter I. Elmuts, Fiscal Affairs
Helen Ertsos, Chemistry
Mary Lin Farrell, Transplant
Joseph Field, Dietetics
Warren E. Foote, Psychiatry
Mary A. Frangiosa, Bunker Hill Health Center
Karen Gacicia, Infectious Disease
Edna L. Gavin, Nursing
Evelyn Gaynor, Environmental Services
Helen M. Geezil, General Store
Thomas H. Glick, Neurology
Eileen R. Godlewski, Nursing
Herman K. Gold, Medicine
Joel F. Habener, Medicine
Paul E. Hagen, Security
Sandra L. Halverson, Gynecology
Harley A. Haynes, Dermatology
Alice F. Headley, Orthopaedics
Michael K. Hennessey, OR Administration
Ben J. Hester, Mail Services
Anne E. Hewitt, Urology
Martin S. Hirsch, Medicine
Edward P. Hoffer, Medicine
Mary C. Howell, Pediatrics
Ralph S. Hynes, Radiology
Carol A. Imposimato, Fernald School
Franklin D. Jackson, Dietetics
Lee B. Jacoby, Neurosurgery
Marva Johnson, Health Information Management
Joanne M. Joyce, Nursing
David E. Kaufman, Physics Research
Yung Soo Kim, Pharmacy
Richard J. Kitz, Anesthesia
Ira Lable, Psychiatry
Richard E. Land, Radiology
Louise M. Lane, Nursing
Susan H. Laramee, Dietetics
Robert P. Leslie, Biomedical Engineering
Paula B. Lutzin, Social Service
John Maciaszczyk, Security
George D. MacNeil, Buildings and Grounds
Anne T. Malloy, Blood Transfusion Service
Robert A. Mancuso, OR Administration
Robert W. Mann, Orthopaedics
Dorial E. Mason, Radiology
Herbert O. Mathewson, Pediatrics
James W. May, Jr., Surgery
Teresita Z. Mendoza, Chemistry
Sally G. Millar, Nursing
Roslyn R. Morris, Neurology
Jean M. Nardini, Nursing
Judith A. Newell, Nursing
Steven L. Nickman, Psychiatry
Janice A. Nicosia, Cardiac
John E. Ohliger, Radiology
Arthur N. Papas, Psychiatry
Stephen W. Parker, Neurology
John A. Parrish, Dermatology
Kathryn J. Pazola, Nursing
Charlane J. Pehoski, Fernald School
Aurora L. Perez, Chemistry
Joanne M. Peters, Nursing
Inna Priede, Hematology
Edwin L. Prien, Jr., Medicine
George R. Prout, Jr., Urology
Winthrop A. Riley, Security
James T. Roberts, Anesthesia
John F. Ryan, Anesthesia
Judith A. Sacco, Nursing
John J. Schena, Buildings and Grounds
Nancy L. Sencabaugh, Accounting
Rosemarie S. Srebnick, Dermatology
Ella M. Stanley, Environmental Services
Mary L. Stanyer, OR Administration
Rita T. Stephen, Cutaneous Biology Research Center
Alan A. Stone, Psychiatry
Jean Sullivan, Pulmonary
Edward L. Tabb, Dietetics
Maureen M. Tedesco, Pediatrics
George E. Thibault, Medicine
Linda Thomas, Human Resources
Kathleen C. Tiberii, Nursing
Christopher Tiglianidis, Buildings and Grounds
Zonia Valerio, OR Administration
Joseph A. Viola, Biomedical Engineering
W. Allan Walker, Pediatrics
Deborah W. Wallace, Neuroscience
Mary V. Wein, Reproductive Endocrine
Helen E. Williams, Anesthesia
Dennis J. Willis, Radiology
Anthony F. Zingarelli, Radiology

For Twenty Years

Myriam E. Amaro, Pharmacy
Victoria E. Andrews, Radiation Medicine
Robert A. Arnold, Surgical Research
Patricia Awbrey, Blood Transfusion Service
Alberta M. Bennett, Nursing
Lynda R. Bessette, Radiology
Martha E. Birchall, Respiratory Care
Jo Birdsey, Revere Health Center
Judith M. Blatchley, Psychiatry
Andrew G. Bodnar, Medicine
Grace Bommarito, Medicine
Thomas A. Botelho, Radiology
Charles A. Boucher, Medicine
Stephen E. Bradley, Radiology
F. Richard Bringhurst, Medicine
Melvin L. Brooks, Security
Pamela Carter, Radiology
Barbara Chase, Medical Clinics Complex
Edward N. Chimo, Computer Services
Alfred B. Collins, Pathology
Stephen A. Conley, Pathology
Jane E. Connolly, Admitting
Khloe K. Conte, Nursing
Frank A. Contrado, Buildings and Grounds
Marian H. Damato, Nursing
Felice D'Amore, Buildings and Grounds
Lue H. Davis, Nursing
Frederic M. DeBros, Anesthesia
Jacquelin S. Dembro, Nursing
Wendy L. Demille, Kidney Dialysis
Lorraine S. Dennis, Professional Billing
Alan L. Dillon, Anesthesia
Toni M. Donarumo, Research Affairs
Margaret Doucette, Women's Health Associates
Mary F. Dutka, Nursing
Sally H. Ebeling, Pathology
Cindy L. Emrich, Medical Clinics Complex
Janice E. Erlandson, Nursing
Lessage L. Eugene, OR Administration
Clarence W. Evans, Patient Transport
William E. Falk, Psychiatry
Kathleen T. Famiglietti, Lab of Computer Science
Leslie Fang, Medicine
Cecile E. Fanti, Administration
William A. Farinelli, Dermatology
Panfilo Federico, Molecular Biology
Brenda M. Ferdinand, Children's Service
Kevin P. Ford, Health Information Management
Helen C. Freniere, Medical Clinics Complex
Maria M. Garcia, Nursing
John F. Gennaco, Chelsea Health Center
Leo E. Gerweck, Radiation Oncology
Leona C. Golden, Orthopaedics
Steven R. Goldring, Medicine
Deborah A. Grotevant-Uhlendorf, Nursing
Linda J. Gummow, Nursing
Francis M. Hailey, Radiology
Laurie M. Harhen, Administration
Jeffrey E. Harris, Medicine
Judith M. Holden, Microbiology
Joan A. Holmes, Cancer Center
John B. Hughes, Security
Christine M. Hurley, Nursing
Marie L. Jacques, Nursing
Fritz P. Jean-Paul, Respiratory Care
Ingrid John, Research Affairs
G. Timothy Johnson, Medicine
Rosemarie E. Joyce, Pediatrics
Lois M. Kane, Fiscal Affairs
Georgia Kekis, Bacteriology
Diane E. King, Treadwell Library
Dorothy Kinlin, Chelsea Health Center
Stephen C. Kleinman, Psychiatry
Allan Kliman, Medicine
Daniel B. Kopans, Radiology
Katharine S. Kosinski, Pathology
Miller P. Krauss, Pharmacy
Anastasia Kucharski, Psychiatry
Mary E. Lahey, Health Information Management
Linda Lass Schuhmacher, Human Resources
Joan Lebach, Chelsea Health Center
Marie C. LeBlanc, Nursing
Li-Yue A. Lee, Pathology
Steven R. Levisohn, Medicine
Manuel J. Lipson, Medicine
Henry J. Llewellyn, Radiology
Virginia F. Lucas, Chemistry
Linda Luecke, Fernald School
Sean M. Lynch, Anesthesia
Nancy R. MacDonald, Vascular
M. Bernice MacIntyre, Revere Health Center
Barbara A. Maguire, Accounting
Carrie L. Mallory, Psychiatry
Randolph D. Maloney, Surgery
Mary K. Marley, Oral and Maxillofacial Surgery
Douglas J. Mathisen, Surgery
Charles J. McCabe, Surgery
Jean McCarthy, Gynecology
Robert T. McCluskey, Pathology
John B. McKinlay, Medicine
Cynthia McLernon, Nursing
Joyce N. McMahon, Communications
Robert M. Meyer, Pediatrics
Carol M. Milbury, Cutaneous Biology Research Center
Brenda A. Miller, Nursing
Ruth E. Mills, Radiology
Diane Mitchell, Nursing
Joanne E. Monahan, Nursing
Richard H. Moore, Radiology
Mary Moskowitz, Psychiatry
Deborah M. Moynihan, Nursing
Peter R. Mueller, Radiology
Ina L. Murrell, Nursing
Margaret J. Murtagh, Microbiology
Kathleen E. Nelson, Nursing
Annmarie M. Nichols-Stout, Anesthesia
Ann M. O'Donnell, Nursing
Julia B. O'Brien, Nursing
James R. O'Connell, Orthopaedics
Igor F. Palacios, Medicine
Gloria D. Pearl, Nursing
Donald M. Perlman, Surgery
Veronica Petersen, Pediatrics
Richard G. Pingree, Medicine
Shirley P. Prescod, Nursing
Mary L. Redford, Nursing
Felice O. Ricardi, Nursing
Kathy A. Rice, Human Resources
Deborah L. Richard-Kowalski, Radiology
Kathleen M. Rogers, Nursing
Wayne A. Rollins, Pharmacy
Jerrold F. Rosenbaum, Psychiatry
Lorraine A. Sacco, Pedi Microchemistry
Robert J. Sawicki, Chemistry
Joan S. Schwab, Surgical Associates
Daniel P. Schwartz, Psychiatry
Linda C. Shafer, Psychiatry
Judith Shea, Nursing
Denise A. Sidorowicz, Chelsea Health Center
Jeffrey L. Simmons, Psychiatry
Carol A. Simonds, Anesthesia
Roberta S. Singer, Radiology
Brenda Smith, Nursing
Benson R. Snyder, Psychiatry
Pamela J. Sopas, Blood Transfusion Service
Jean D. Spargo, Microbiology
Marianne Spencer, Admitting
Frank A. Sreter, Neurology
Ruth M. Stokes, Emergency Services
Peter Tam, Pedi Microchemistry
Virginia A. Tashjian, Nursing
Richard S. Teplick, Anesthesia
Mark Tlumacki, Ortho Workshop
William W. Tomford, Orthopaedics
Cynthia M. Tracy, Nursing
Catherine Tronni, Nursing
Jane A. Weir, Blood Transfusion Service
Sylvia C. Weld, Surgical Associates
Ronald E. Weymouth, Radiology
Marcia E. Wilkins-Moses, Nursing
Jack Wittenberg, Radiology
Irving K. Zola, Medicine

For Fifteen Years

Stephanie E. Adams, Dietetics
Susan Aguiar, Nursing
Gail A. Alexander, Nursing
Pauline E. Alexander, Dietetics
Maria C. Alfonso, Medical Walk-In Unit
Philip A. Allen, OR Administration
Martha L. Andrews, Bulfinch Medical Group
Elizabeth Angel, Infectious Disease
Patricia Anglin-Regal, Nursing
Julie A. Angueira, Nursing
Neil Aronin, Neurology
Ann M. Austras, Nursing
William R. Baker, Jr., Administration
Betty E. Barrett, Nursing
Barrant B. Bartley, Environmental Services
Emilyn S. Bellavia, Nursing
Grace M. Benoit, Patient Accounts
Michael L. Biales, Communications
Joseph Biederman, Psychiatry
Edward D. Bird, Neurology
Kathleen M. Bomba, Nursing
Norman J. Borkow, Environmental Services
Charles R. Bragdon, Orthopaedics
Dave H. Brooks, Environmental Services
Agnes M. Brown, Dietetics
Maureen S. Brown, Nursing
Peter M. Brown, Information Resources
Valerie J. Buckley, Nursing
Jane M. Bujold, Nursing
John J. Bump, Transportation
Ferdinando S. Buonanno, Neurology
Susan D. Burgess, Nursing
Margaret M. Byron, Communications
Veronica Cacciola, Nursing
Mary E. Cadigan, Nursing
Carol J. Camooso, Nursing
Sharon R. Campbell, Pathology
Carol L. Card, OR Nursing
Mavis C. Carroll, Radiology
Carolyn Catinazzo, Dermatology
Eduardo Cespedes, Environmental Services
Cynthia M. Chadbourne, Radiology
Francette Chappell, Environmental Services
Betty Chin, Buildings and Grounds
Lucy M. Chou, Bacteriology
Nicholas L. Ciampa, Environmental Services
Martin S. Cohen, Psychiatry
Martha A. Collette, Psychiatry
Claire Conlan, Bunker Hill Health Center
Mary Connolly, Social Service
Diane R. Costello, Blood Transfusion Service
Wendell. A. Coward, Anesthesia
Kathleen A. Crane, Nursing
Richard R. Crater, Administration
Susan M. Croteau, Nursing
Marianna Crowley, Anesthesia
Arthur Currier, Inpatient Phlebotomy
Donna M. Cutillo, Research Affairs
Rosemary Daggett, Nursing
Sylvester E. Daley, Dietetics
Donna J. Darouey, Professional Billing
Louise M. Dattoli, Development
Jeff Davis, Human Resources
Steven L. Dawson, Radiology
Dawn D. Dennen, Nursing
John Der Ananian, Biomedical Engineering
Joanne M. Desantis, Medical Oncology
M. Sheila Desmond, Pediatrics
Gail E. Dickson, Psychiatry
Anthony D. DiGiovine, Nursing
Margaret Dineen-Orsini, Nursing
Debra A. Duhamel, Gynecology
Richard G. Duke, Respiratory Care
Edna A. Duncan, Surgery
Catherine C. Eberly, Anesthesia
Florence G. Eden, Dietetics
Maureen F. Ellis, Cutaneous Biology Research Center
Paul M. Epstein, Psychiatry
Theresa M. Ewing, Medical Walk-In Unit
Patrick J. Famolare, Buildings and Grounds
Kathleen A. Farell-Alexa, Anesthesia
Mike A. Felder, Dietetics
Donna Felsenstein, Medicine
Gloriosa A. Fenol, Chemistry
Carol A. Ferrandi, Dermatology
Jessica L. Fewkes, Dermatology
Jay A. Fishman, Medicine
Carol R. Flaherty, Social Service
Kathleen A. Fleming, Cardiac
Elayne R. Fodeman, Nursing
Mary T. Foley, MGH Imaging Center
Ernestine F. Forbes, Cardiac
Mason W. Freeman, Medicine
Richard P. Freeman, Radiology
Kenneth F. Giannino, Chemistry
Kathleen M. Gill-Body, Rehabilitation Medicine
Jeanne M. Giovino, Nursing
Margaret D. Gittens, Dietetics
Neil S. Gore, Psychiatry
Rosemary A. Grannum, Nursing
Richard D. Granstein, Dermatology
Rosalyn A. Gray, Research Affairs
Eileen M. Greeley, Cardiac
Diane W. Grobman, Nursing
Carey Gross, Psychiatry
Robert L. Guerra, Cardiac
Joseph W. Hall, Transportation
Jane F. Hardiman, Anesthesia
Linda M. Hardy, Emergency Services
William P. Harvey, Security
Kathleen M. Healey, Chelsea Health Center
Robin J. Herrmann, Nursing
Charles F. Herron, Reading Disabilities Unit
John F. Hickey, Ambulatory Care Information
James A. Hinds, Computer Services
Barbara A. Holleman, Chelsea Health Center
Linda C. Honeycutt, Orthopaedics
Cynthia C. Hughes, Nursing
Robert A. Hughes, Medicine
Dorothy J. Iosua-Gonzales, Nursing
Willie C. Jackson, Environmental Services
Rita Jaghoo, Environmental Services
Judith M. Jeddrey, Nursing
Michael A. Jenike, Psychiatry
Christina Johnson, Inpatient Phlebotomy
Cynthia Johnson, Nursing
Douglas C. Johnson, Medicine
Frank Joseph, Inpatient Phlebotomy
Julia A. Kahn, Radiation Medicine
Anthony J. Kapadoukakis, Radiology
Ilse E. Kaprielian, Anesthesia
Eulalie Kasam, Nursing
Susan V. Kattapuram, Radiology
Bruce L. Kaynor, Pathology
Lee A. Kearse, Jr., Neurology
Elizabeth A. Kelly, Cardiac
Patricia G. Kelly, Nursing
O. Nancy King, Vascular
Diane Kovacev, Dermatology
John R. Kroon, Environmental Services
Karin I. Kutrieb, Surgical Associates
Karen P. Laliberte-Murphy, Nursing
Glenn M. LaMuraglia, Surgery
Lowell D. Landry, Buildings and Grounds
Ann M. Lapierre, Cardiac
Ann Lau, Microbiology
Denise T. Lauria, Nursing
Colin A. Lawson, Environmental Services
Linda M. Leahy, Psychiatry
Mary T. Lee, Surgical Associates
Marjorie Lees, Neurology
Paul F. Leonard, Health Information Management
Joseph C. Leong, Radiation Oncology
Zelma M. Licorish, Dietetics
Robert C. Lincoln, Nursing
Cheryl A. Lippi, Nursing
William H. Long, Chemistry
Ellen MacDonald, Nursing
Richard A. MacDougall, Chelsea Health Center
Joyce E. MacLean, Radiology
Elizabeth MacLellan, Nursing
Richard L. Maddox, Transportation
Bodil D. Madsen, Chemistry
Kathleen H. Mahoney, Nursing
Michael P. Manning, OR Administration
Judith B. Manola, Dietetics
Martha M. Marean, Gynecology
Edward B. Marsh, Jr., Pediatrics
Linford L. Martin, Dietetics
Maria E. Marzullo, Medical Clinics Complex
Eileen M. McAdams, Chelsea Health Center
Mary E. McAuley, Nursing
Daniel J. McAuliffe, Dermatology
James A. McBrine, Emergency Services
Judith A. McCarthy, Nursing
Madeleine A. McGarry, Nursing
Donna McKay, Nursing
Charles K. McKittrick, Diabetes
Reina I. McLaughlin, Nursing
Camilla D. Meade, Professional Billing
Michael J. Meskell, Thyroid
Ralph E. Minear, Jr., Pediatrics
Karen E. Minyard, Endocrine
Joan M. Misiano, Pedi Pulmonary
Erasmo A. Mitrano, Pharmacy
Mary C. Moir, Neurology
June M. Moloney, Pathology
Joseph Mooltrey, Endocrine
Guianders R. Moore, Environmental Services
Roberta L. Morrison, Radiology
Richard A. Moscicki, Medicine
Kizito V. Muliro, Nursing
Tove Muller, Social Service
Barney Murphree, Radiology
Sean M. Murray, Health Information Management
James A. Nathanson, Neurology
Jennifer A. Neves, Nursing
Suzanne Newton, Radiology
Lisa A. Nickole, Nursing
Rebecca Niloff, Pediatrics
Elizabeth A. Niziak, Radiology
Dennis K. Norman, Psychiatry
Eileen G. Odle, Nursing
Cheryl Oliver, Vascular
Jean M. O'Nelli, Health Information Management
Martin G. Ostro, Medicine
Edwin L. Palmer, Radiology
Barbara A. Parisi, Surgical Associates
Marion E. Pearce, Radiology
Deanna R. Pearlmutter, MD
Patricia M. Perrino, Blood Transfusion Service
John W. Peterson, III, Neurosurgery
Ellie J. Petillo, Orthopaedics
Elizabeth M. Phillips, Fiscal Affairs
Anne Picariello, Dermatology
Dennis J. Picariello, Security
Susan C. Pierce-Chana, Nursing
Roland Pierre, Patient Transport
Patricia E. Pires, Nursing
Pablo Polischuk, Psychiatry

s M. Quinn, Anesthesia
aret E. Ramage, Nursing
fe hbun, Psychiatry
n attis, Radiology
E. Urology
N. Riskind, Neurology
erine R. Robbins, Administration
ne L. Roman, Nursing
alyce E. Romano, Nursing
Rosenbloom, Pediatrics
J. Ross, Social Service
ael D. Russell, Radiation
dicine
ara A. Salamone, Blood
nsfusion Service
y Sargent, Nursing
ara E. Scafidi, Nursing
lia L. Schieve, Nursing
ne E. Schneeberger, Pathology
Schoenfeld, Psychiatry
d A. Schwarting, Neurology
G. Sciretta, Nursing
d K. Seth, Facilities Engineering
ara J. Shepard, Children's
vice
erine Sims, Neurology
aniel M. Sims, Anesthesia
el E. Singer, Medicine
aret A. Skarinka, Nursing
n B. Slutsky, Information
sources
erine K. Smith, Nursing
ard J. Smolak, Nursing
Soloman, Pediatrics
on A. Solomon, Orthopaedics
stopher J. Sorrento, Buildings and
unds
rt V. Steiber, Buildings and
unds
nas C. Sterne, Medicine
el E. Sugarman, Psychiatry
se R. Sullivan, Orthopaedics
cia J. Surabian, Nursing
t L. Tabb, Dietetics
n E. Taylor-Moore, Nursing
etta R. Tecce, Medical Oncology
er Tellis, Environmental Services
res T. Thorne, Environmental
vices
P. Toomey, Nursing
nne M. Toomey, Nursing
e Trust, Neurology
oh F. Umbro, Fiscal Affairs
y [illegible]nde, Infection
nt
y [illegible]n, Chemistry
Vonnegut, Pediatrics
Wasserman, Cardiac
el Weckstein, Psychiatry
iet A. Weinstein, Cardiac
el P. Weisenmiller, Dietetics
ld I. Weiss, Oral Surgery
stus A. White, III, Orthopaedics
hanie A. White, Surgical
sociates
oh W. Wilkes, III, Oral Surgery
line D. Williamson, Revere
alth Center
n M. Wilson, Pathology
seco, R. Wilson, Environmental
rvices
n M. Witkie, Psychiatry
da J. Woods, Inpatient
lebotomy
M. Zusky, Psychiatry

R Ten Years

adette M. Ackerly, Nursing
me L. Ackerman, Radiology
phine Acquaviva, Professional
lling
ola Adrianzen, Hematology
anthy Akritidis, Environmental
rvices
a M. Alioto, Pharmacy
ley J. Alleyne, Materials
anagement
ndy C. Applegate, Admitting
rew Arnold, Medicine
A. Awad, Psychiatry
ora R. Baronofsky, Nursing
thia N. Barry, Nursing
R. Batista, Photography
id J. Bent, Microbiology
ion Berg, Human Resources
n M. Berthold, Pediatrics
ald A. Bettencourt, Information
sources
n N. Bowker, Nursing
hen M. Boylan, Cancer Data
gistry
ph F. Braidt, Microbiology
th [illegible]ch, Environmental
n[illegible]
dra [illegible]kefield, Neurology
rt J. Brink, Pediatrics
n H. Brown, Nursing
an R. Brown, Psychiatry
ela A. Brown-Early,
spiratory Care
ie C. Brownrigg, Rehabilitation
edicine
ley J. Burke, Nursing
Maria L. Buttolph, Psychiatry
Kellie Cadigan, Nursing
Kathleen Carbone, Inpatient Phlebotomy
Juan J. Cardona, Materials Management
Djems (James) Cazeau, Radiology
Tien-Lan Chang, Pediatrics
Alice E. Chaput, Chelsea Health Center
Susan T. Chauncey, Social Service
Roger D. Chisari, Nursing
Amita R. Chopra, Pediatrics
David C. Christiani, Medicine
Barbara A. Ciano, Nursing
Pamela L. Ciccone, Nursing
Wilhelmina Ciecko, Dietetics
Joan F. Coburn, Professional Billing
Lee S. Cohen, Psychiatry
Maryann Columbia, Anesthesia
Michael J. Comb, Neurology
Patricia M. Connors, Anesthesia
James R. Cooley, Pediatrics
Muriel H. Corcoran, Cardiac
David P. Corey, Neurology
Raymond E. Cornett, Respiratory Care
Kristine Cote, Nursing
Jacqueline L. Crowell, Nursing
Paul T. Culliton, Nursing
Eileen M. Currier, Nursing
Richard P. DeCesare, Buildings and Grounds
Lisa K. Degrandis, Nursing
Suzanne M. de la Monte, Pathology
Brenda A. Delaney, Nursing
Robert Dershewitz, Pediatrics
Mark Dershwitz, Anesthesia
Thomas F. Deutsch, Dermatology
Lynn A. Devaney, Nursing
Nancy C. DiBona, Nursing
Maud Dorsainvil, Environmental Services
Mary E. Duggan, Nursing
Mary L. Duket, Accounting
Elizabeth A. Dunne, Cardiac
Annabel D. Edwards, Anesthesia
Michael A. Edwards, Neurology
Linda L. Emanuel, Medicine
Dana B. Ferguson, Communications
Michael A. Fifer, Medicine
Alan J. Fischman, Radiology
Susan L. Fisher, Social Service
Anne L. Fitzgerald, Nursing
David A. Fortson, Radiology
Robert S. Fox, Radiology
Thomas W. Furth, Pediatrics
Susan A. Gage, Nursing
Janet M. Gallant, Gynecology
Kathleen G. Galvin, Health Information Management
Sarah Gamboa, Human Resources
Richard A. Geist, Psychiatry
Susan Geist, Psychiatry
Raymond F. Gelinas, Buildings and Grounds
Marilyn Gifford, Nursing
Patricia A. Glendye, Professional Billing
Whitfield Goodman, Environmental Services
Robert L. Goulet, Respiratory Care
Diane K. Graham, Gynecology
James E. Gray, Pediatrics
Rosalie A. Griesse, Medicine
Teresa L. Grimm, Nursing
Carole J. Gruszka, Nursing
Marvin C. Guthrie, Technology Affairs
Janet E. Hall, Medicine
E. Bruce Hamaty, Pathology
Mark D. Handschumacher, Cardiac
Nancy Hanessian, Radiology
Cecile A. Hannon, Nursing
Margaret T. Hegarty, Surgical Research
Susan C. Henderson, Nursing
James P. Hickey, Radiology
Margaret Higham, Pediatrics
Robert E. Hillberg, Medicine
John M. Hilton, Nursing
Gregory M. Hirsch, Surgery
Ruth M. Hobbs, Nursing
Amelia Hoffman, Reading Disabilities Unit
Chen K. Hsiung, Pathology
Han-Hwa K. Hung, Orthopaedics
Alfred A. Huston, Pharmacy
Ellen P. Hutchinson, Nursing
Lisa A. Ireland, Nursing
David A. Irons, Pediatrics
Ann R. Jampel, Rehabilitation Services
Robert M. Kacmarek, Respiratory Care
Paulette M. Kaminskas, Nursing
Susan M. Kaye, Nursing
Michael J. Kelly, Buildings and Grounds
Stuart E. Kigner, Orthopaedics
Michael J. Kingston, OR Administration
Robert F. Kitfield, Blood Transfusion Service
Christie E. Kuo, Cardiac
Joseph C. Kvedar, Dermatology
Kathleen S. Laing, Cardiac
Michelle Y. Lander, Nursing
John F. Lasche, Jr., Pediatrics
Nancy Lasseque, Environmental Services
Maureen A. Laughlin, Nursing
Donna M. Lawton, Information Resources
Gabor Lazar, Molecular Biology
Susan A. Leavitt, Nursing
Wayne I. Lencer, Pediatrics
Mary Jean Lent, Fiscal Affairs
Ethan A. Lerner, Dermatology
Daria A. Lesanto, Nursing
Ellen P. Levine, Surgical Associates
Joan A. Lockerby, Development
Joyce Longmire, Health Information Management
Valerie A. Longson, Registrar's Office
James P. Lopes, Nursing
Maria V. Lopez-Bresnahan, Neurology
Judith A. Lynch, Nursing
Helene G. Lyne, Neurology
Anne E. Macaulay, Anesthesia
Karen MacCormack, Nursing
Lisa C. MacInnis, Microbiology
Claire E. MacIsaac, Nursing
Gerald J. Maiullo, Buildings and Grounds
Susan L. Male, Nursing
Ann Malley, Nursing
Dorothy M. Martyniak, Nursing
Cheryl A. Mastrangelo, Fiscal Affairs
Susan A. Matheson, Pathology
Keith D. McCarthy, Materials Management
Robert P. McDonough, OR Administration
Carolyn McKinley, Chelsea Health Center
Christine M. McKinnon, Nursing
Livingston A. McLaren, Inpatient Phlebotomy
Kathleen M. McNulty, Nursing
Donna M. Melvin, Nursing
Susan R. Meminger, Psychiatry
Patricia J. Mian, Nursing
Patricia A. Miceli, Gynecology
Lynn E. Moore, Psychiatry
Joanna J. Morganelli, Nursing
Theresa J. Morris, Nursing
Denise J. Mullaney, Nursing
Eleanore M. Mullaney, Dermatology
Nanci A. Mulloy, Nursing
Paula M. Murphy, Social Services
Constance Murphy-Cruz, Nursing
Susan A. Nelson, Nursing
John L. Niles, Medicine
Colleen A. Nolan, Nursing
Marie Norris, Health Information Management
Dorothy A. Noyes, Nursing
Helen O'Keefe-Papele, Nursing
Diane C. O'Hara, Surgery
Nancy B. O'Neill, Pathology
Mehmet Ozturk, Medicine
Mary E. Page, Nursing
Michele J. Paisley, Nursing
Sokha Pang, Revere Health Center
Louis P. Panzini, Buildings and Grounds
Roger C. Pasinski, Pediatrics
Pravin L. Patel, Pharmacy
Joel A. Pava, Psychiatry
Janice Y. Pellegrine, Nursing
Marilyn C. Pike, Medicine
Anneliese A. Pontius, Psychiatry
Eileen P. Poole, Nursing
Sheila M. Preece, Nursing
Jacqueline M. Presswood, Nursing
Edeline C. Prevost, Nursing
William P. Puricelli, Radiology
Julie Q. Quinn, Nursing
Linda B. Renault, Nursing
Helen Riess, Psychiatry
Henry Rikkers, Pediatrics
Miguelina Rivera, Chelsea Health Center
Pamela Rivera, Communications
Patricia F. Roach, Nursing
Phyllis J. Robertson, Social Services
Lois R. Robillard, Credit and Collections
Anthony Rosenzweig, Medicine
Patricia O. Rowell, Volunteer and Interpreter Services
Brian D. Roy, Rehabilitation Services
Kristine H. Roy, Nursing
Jeffrey A. Royster, Materials Management
Joanne M. Sawyer, Nursing
Robert J. Scannell, Respiratory Care
David A. Schoenfeld, Medicine
Patricia A. Sedenger, Nursing
Bernd R. Seizinger, Neurosurgery
Noreen A. Selvage, Nursing
Yinyee Seto, Molecular Biology
Chris L. Sharrett, Nursing
Janet Sherman, Neurology
Mindy Sherman, Pediatrics
Amy W. Slater, Blood Transfusion Service
Peter L. Slavin, Administration/ Medicine
Norma I. Soto, Inpatient Phlebotomy
James E. Southern, Pathology
Martha C. Southworth, Social Service
Nancy J. Speroni, Radiology
Donna M. Stamatis, Nursing
Janet M. Steele, Infectious Disease
Deborah L. Sullivan, Dietetics
Karen R. Sullivan, Nursing
Eleanor I. Sundquist, Oral and Maxillofacial Surgery
Jack W. Szostak, Molecular Biology
Sandra A. Taylor, Nursing
Nancy M. Terres, Institute of Health Professions
Paulette J. Thabault, Women's Health Associates
Jacqueline A. Travers, Radiation Medicine
Donna M. Vadala, Cardiac
Collette J. Wain, Nursing
Howard M. Waldman, Medicine
R. Gregory Walker, Radiology
Harriet J. Walker-Newton, Cardiac
Ellen T. Walsh, Nursing
Susan L. Warchal, Nursing
Janine Webster, Respiratory Care
Debra F. Weinstein, Medicine
Margaret E. Wenger, Nursing
Mary C. Whelan, Orthopaedics
Joseph A. Whitehorn, Psychiatry
Kimberly M. Wiggin, Nursing
Millicent M. Williams, Environmental Services
Barbara Wilson, Nursing
Janet A. Wilson, Rehabilitation Services
Jonathan L. Worth, Psychiatry
Miyuki Yamamoto, Neurology
Lorraine P. Zoda, Nursing

For Five Years

Joshua Adorno, Patient Transport
Marco I. Adrianzen, Emergency Services
Franckelt J. Adrien, Environmental Services
Rogerio F. Afonso, Environmental Services
Jennifer L. Albert, Nursing
Keon S. Alford, Environmental Services
Angel L. Alicea, Environmental Services
Frankie M. Allen, Nursing
Amira Alley, Chemistry
Wilma C. Alleyne, Dietetics
Deyvi A. Alonzo, Environmental Services
Harry H. Altenor, Nursing
Nicole M. Alvarado, Outpatient Registration
Deborah A. Ambroseno, Fiscal Affairs
Claudy Andre, Environmental Services
Yvrose Andre, Environmental Services
Ileana M. Arocho, Human Resources
Peter E. Atanasoff, Pathology
Dugravier Auguste, Nursing
Jose L. Ayala, Environmental Services
Lora A. Azzoli-Feltham, Nursing
Anabel Baires, Environmental Services
Tyrone A. Baker, Inpatient Phlebotomy
Bruce Baldwin, Materials Management
Jack R. Baptista, Environmental Services
Diane Barbarisi, Center for Imaging and Pharmaceutical Research
Ann Barber, Nursing
Gabriel D. Barber, Communications
Diane M. Barrett, Human Resources
Eileen Barrett, Medical Clinics Complex
Hugo P. Barros, Environmental Services
Ronald E. Barth, Safety Office
Angelika P. Bartolomeo, Nursing
Maryann Bass, Nursing
Barbara A. Bauman, Nursing
Joycelyn Beaton, Health Information Management
John F. Beatty, Radiation Medicine
James H. Beauchamp, Dietetics
Anne M. Beaulieu, Nursing
Martha Belatchew, Nursing
Anne Belfort, Environmental Services
Louvenia Bell, Dietetics
Rolande Berlus, Environmental Services
Thony Bernadin, Dietetics
Immacula Bernard, Blood Transfusion Service
Josie M. Bernier, Dietetics
David R. Beynon, Health Information Management
Sharon E. Biddiscombe, Treasurer's Office
Kathryn D. Binda, Social Service
Michael Bird, Nursing
Kathy M. Blomberg, Human Resources
Michael J. Bodock, Pharmacy
Mary P. Boody, Gastrointestinal Services
Wayne D. Bourque, Buildings and Grounds
Gaston Boursiquot, Environmental Services
Julie B. Boussy, Nursing
Leo C. Bova, Orthopaedics
Colin W. Brace, Computer Services
Carol A. Breed, Chelsea Health Center
Alexandria E. Brennan, Nursing
Patricia C. Brennan, GI Unit
Martha K. Brezina, Nursing
Mary A. Bristol-Daley, Anesthesia
Kathleen M. Brophy, Credit and Collections
Barbara C. Browne, Nursing
Cheryll A. Browne, Anesthesia
Terese Bruzzese, Nursing
Curtis D. Bryant, Environmental Services
Linnett I. Bryant, Development
Diane E. Buckley, Pediatrics
Laurie A. Buehler, Human Resources
Carla Buonopane, Nursing
Março A. Burgos, Environmental Services
Margaret M. Burke, Nursing
Suzanne M. Burke, Nursing
Pamela Burton, Social Service
Maureen Butler, Professional Billing
Ann Butman, GI Unit
Artrena Bynum, Nursing
Abigail Caban, Chelsea Health Center
Deborah Callahan, Nursing
Edward F. Cammarata, Radiology
Miguel A. Canizalez, Environmental Services
Salvatore R. Caputo, Microbiology
Jose A. Caramazana, Fiscal Affairs
Mercedes Cardona, Environmental Services
Kathleen Carey, Nursing
Elva G. Carr, Health Information Management
Patricia A. Carr, Psychiatry
Karla Carroll, Nursing
Linda Cassidy, Nursing
Martha E. Cassin, MGH Cancer Center
Jose R. Castillo, Computer Services
Karen M. Celentano, Nursing
Roland Chambers, Health Information Management
Christine H. Chmura, Pathology
Julie Christopher, Dermatology
Giovanni Ciampa, Buildings and Grounds
Sherill L. Ciampa, Nursing
Christopher Clark, Office of the General Counsel
Donna M. Clark, Professional Billing
Michelle M. Clarkson, Respiratory Care
Virginia A. Cody, Chemistry
Clodagh A. Coghlan, Nursing
Kathleen Colantoni, Nursing
Anne M. Coletti, Professional Billing
Maryelaine N. Collier, Health Information Management
John F. Collins, Buildings and Grounds
Wilfredo Colon, Accounting
Jean E. Condon, Nursing
Kathleen M. Conley, Nursing
Janet S. Connolly, Blood Transfusion Service
Pamela A. Connolly, Nursing
Emmanuel Constantin, Environmental Services
Christine Correa, Professional Billing
Lucy E. Correia, Nursing
Tracey A. Corrigan, Nursing
Maureen Corso, Health Information Management
Daniel T. Costello, Fiscal Affairs
Mitchell R. Creem, Radiology
Catherine F. Crosby, Nursing
Sharon Cross, Radiology
Maria Cruz, Environmental Services
Joseph I. Cullen, Anesthesia
Nancy J. Cunningham, MGH Imaging Center
Tracy L. Cunningham, Nursing
Thomas J. Curry, Inpatient Phlebotomy
Dawn M. Cushing, Research Affairs
Lisa D'Alleva, Respiratory Care
Shelly M. Daigle, Inpatient Phlebotomy
Stephanie M. Dailey, Surgery
Carl J. Daley, Environmental Services
Ngochien T. Dam, Health Information Management
Michael Dambrosio, Environmental Services
Marilyn P. Damon, Phlebotomy
Lorraine V. Daniel, Dietetics
Haresh A. Daryanani, Cutaneous Biology Research Center
Karen C. Dasilva, Respiratory Care
James F. Davenport, Pharmacy
Antonette S. Davis, Dietetics
Anne M. Davis-Brown, Nursing
Nancy L. DeFilippo, Dietetics
Roberto DeJesus, Nursing
John J. Dello Russo, Neuroscience Center
Phyllis Dennehy, Children's Medical Service
Carol A. DeSantis, Nursing
Thomas M. DeSouza, Security
Louis Destine, Environmental Services
Jondelle M. Deveaux, Nursing
Carina A. Dinapoli, Dietetics
Marianne O. Ditomassi, Nursing
Paul J. Doris, Chelsea Health Center
Kathleen G. Downing, Neuroscience Center
Michael T. Dozier, Orthopaedics
Christina B. Dube, Rehabilitation Medicine
Guy L. Dubuisson, Environmental Services
Cheryl Dudas, Cardiac
Stephen Dumornay, Dietetics
Amanda Dunbar, Dermatology
Joan E. Duncan, Hematology
Robert J. Dunham, Dietetics
Donna Dunn, Nursing
Kevin D. Dwyer, Chelsea Health Center
Jennifer Edwards, Accounting
Brian P. Elliott, Molecular Biology
Jewel A. Ellis, Health Information Management
Patricia E. Elwell, Children's Center
Maria T. Escano, Nursing
Tracey L. Evarts, Nursing
Lynne M. Evaul, Nursing
Jeannette Exilus, Environmental Services
Neslie Exilus, Environmental Services
Barbara J. Fabiano, Patient Financial Services
Alva E. Fairbairn, Dietetics
Elizabeth M. Falcone, Physical Therapy Associates
Maryanne Fallon, Gynecology
Carla K. Farewell, Nursing
Noor Faris, Microbiology
Veronica A. Felder, Dietetics
Marie C. Felix, Environmental Services
Maria Feliz-Mero, Chelsea Health Center
Susan Ferreira, Professional Billing
John C. Fini, Fiscal Affairs
Lisa A. Finn, Professional Billing
Kerry A. Finnerty, Nursing
George M. Fiore, Nursing
Laurie Fitts, Cutaneous Biology Research Center
Deborah Fitzgerald, Endocrine
Craig R. Fontaine, Computer Services
Dale S. Ford, Infection Control Unit
Mark J. Ford, Lab of Computer Science
Lauren J. Forsythe, Radiology
Pamela A. Francis, Professional Billing
Marie Y. Francois, Dietetics
Robin M. Furtado, Medical Clinics Complex
Donata C. Gabriel, Dermatology
Diane M. Gallagher, Fiscal Affairs
Carlos A. Gallego, Environmental Services
Joseph F. Gamba, Pathology
Ann Marie Garceau, Bunker Hill Health Center
Gertha Gard, Environmental Services
Lyman T. Garniss, Information Resources
Kim A. Garofalo, Radiology
Pei Ge, Neuroscience Center
Barbara Jo Geary, Fiscal Affairs
Gary J. Geissler, Physical Therapy Associates
Monica Ghazal, Nursing
Elba Gibson, Nursing
Theresa M. Gilbert, Nursing
Barbara R. Gill, Nursing
Brenda M. Girasella, Nursing
Patricia U. Giulino, Social Service
Kenneth A. Glahn, Information Resources
Linda S. Glassman, Social Service
Susan J. Gobin, Radiology
Michael J. Godek, Pharmacy
Nanette J. Goldstein-Groe, Nursing
Barbara A. Goll, Nursing
Richard J. Gomes, Nursing
Denise A. Gonzales, Chemistry
Carlos R. Gonzalez, Animal Resource Facilities
Colleen E. Gonzalez, Nursing
Barrett Goodspeed, Pathology
Elizabeth E. Gorden, Nursing
Whitney L. Gosselin, Immunology
Barbara A. Gould, Health Information Management
Mary Gowing, Nursing
Roberta E. Graham, Cardiac
Irma E. Grajeda, Environmental Services

Georgia D. Green, Chelsea Health Center
Riccardo V. Green, Dietetics
Joanne S. Greenfield, Nursing
Christina Guarino, Managed Care, Marketing and Planning
Jill Gulston, Gynecology
Sandra L. Hable, Nursing
Kathryn C. Hackett, Nursing
Edina L. Hall, Thyroid
Rosalie M. Hand, Medicine
Louise B. Hanscom, Surgical Associates
Margaret A. Hardy, Dermatology
Shawnda M. Harper, Radiology
Arthur L. Harrington, Nursing
Stacey A. Harris, Outpatient Registration
Michael Hartnett, Buildings and Grounds
Kathleen M. Haskins, Nursing
Jane C. Hastie, Radiology
Jacqueline Havey, Nursing
Carolyn Hayes, Nursing
Catherine A. Hayes, Radiology
Jonathan M. Hayward, Nursing
Hana J. Heald, Information Resources
Neil F. Henderson, Molecular Biology
John Hennen, Psychiatry
Maureen Hennessey, Revenue Control
Maureen Hennessey, Radiology
Patricia E. Hill, Nursing
Ann R. Hobart, Nursing
Norma L. Holmes, Nursing
Sunnary Hong, MGH Cancer Center
Julie A. Hopkins, Respiratory Care
Gaylene L. Horton, Cancer Center
Cathey A. Huffam, Nursing
Iris M. Huggins, MGH Cancer Center
Mark F. Hulse, Nursing
Judy Humble, Managed Care, Marketing and Planning
Katherine F. Hurley, Nursing
Marilyn A. Hutchings, Anesthesia
Karen E. Ierardi, Cardiac
Marie B. Innocent, Environmental Services
Cynthia Israel, General Clinical Research Center
Reem Z. Jabr, Dietetics
Guy L. Jackson, Cardiac
Joseph C. Jackson, Anesthesia
Phyllis A. Jackson, Nursing
Cynthia J. Jalbert, Medical Walk-In Unit
Zacharie Jean-Baptiste, Environmental Services
Marie Jean-Francois, Environmental Services
Elizabeth A. Joens, Fiscal Affairs
Karen A. Johnson, Dietetics
Elie Joly, Environmental Services
Elisenar Joly, Environmental Services
Dolores L. Jourdain, Dietetics
Yuejian Kang, Cardiac
Mary K. Kenneally, Surgical Associates
Audrey Kennedy, Materials Management
Lawrence G. Kerrigan, Computer Services
Lisa J. Khaghani, Chemistry
Hagop S. Khanjian, Hematology
Amy K. King, Credit and Collections
Judy H. Kirim, Pre-Admitting
Eulalie Koram, Nursing
Paula J. Kordis, Cardiac
Julie M. Kotowski, Radiology
Anne M. Kowalick, Health Information Management
Robert L. Krinsky, Health Information Management
Karen L. Krueger, OLAR
Ellen Krystofik, Psychiatry
Amy M. Kuchlewski, Fiscal Affairs
Denise L'Heureux, Pharmacy
Ismael Laboy, Environmental Services
Edward P. Lafferty, Treadwell Library
Joanne P. LaFrancesca, Medical Oncology
Emilie Lajoie, Environmental Services
Richard W. Lakeman, Building and Grounds
Carol A. Landry, Radiology
Diane Lapuma-Carreiro, Nursing
Sylvie M. Larrabee, Radiology
Mary Lasdin, Rehabilitation Services
Eleice Latham, OR Administration
Anna C. Lau, Dietetics
Rosemarie E. Lavore, Dermatology
Kevin H. Law, Radiology
Gregorio R. Lazarus, Dietetics
Danha Le, Health Information Management
Marykay Leber, Nursing
Karlene A. Lemieux, Nursing
John E. Lester, Neurology
Ari Levine, Photography
Lee E. Lewis, Infectious Disease
Stephen H. Lewis, Health Information Management
Victoria A. Lewis, Pharmacy
Chun Li, Parking and Commuter Services
Caroline M. Liburd, Dietetics
Sylvia H. Litman, Health Information Management
Maria V. Little, Environmental Services
Euclides Lobo, OR Administration
Denise L. Loiselle, Reproductive Endocrine
Stephen E. Lok, Nursing
Marie G. Louissaint, Environmental Services
Colleen T. Lowe, Occupational Therapy
Richard D. Lowe, Computer Services
Victor J. Lugo, Computer Services
Wing P. Luie, Parking and Commuter Services
Laurie A. Lynch, Nursing
Mary C. Lynch, Dermatology
John M. MacDonald, Radiation Medicine
Tara J. MacVarish, Nursing
Fareeda A. Mahmoud, Blood Transfusion Service
Patricia Mahoney, Nursing
Thomas G. Mahoney, Computer Services
Thomas D. Mahoney, Security
Gordon Mahony, OR Administration
Deborah A. Makin, Nursing
Maureen M. Mann, Histocompatability Lab
Joanne P. Manners, Dermatology
Joseph K. Manthi, Computer Services
Robert A. Mariano, Radiology
Donna P. Marks, Dietetics
Lisa F. Marks, Biomedical Engineering
Alfonso D. Marotta, Medical Walk-In Unit
Rosemary Marques, Professional Billing
Marie B. Marsan, Environmental Services
Genese Marseille, Neurology
Linda L. Marshall, General Medicine
Marcelino Martinez, Environmental Services
Teodoro Martinez, Environmental Services
Sheila A. Masci, Microbiology
Alban A. Mason, Materials Management
M. Leigh Mason, Pulmonary
Max J. Mathurin, Environmental Services
Christina H. McCarthy, Nursing
Maryann McCarthy, Information Resources
Mary T. McCauley, Medical Associates
Lynne A. McCormack, Nursing
Gregory McKenna, Nursing
Lisa McKeown, Occupational Therapy
Richard B. McKinney, Fiscal Affairs
Christine McLaughlin, Nursing
Susan E. McMann, Surgical Associates
Barbara A. McPherson, Nursing
Sharon A. McSweeney, Bulfinch Medical Group
Deborah L. Meade, Nursing
Patricia A. Meeker, Computer Services
Andrew J. Meglis, Medical Practices Evaluation Center
Phyllis B. Meisel, Neurology
Justino Mendes, Environmental Services
Rolando R. Mendez, Nursing
Mary Kate E. Meunier, Nursing
Susan B. Meyer, Nursing
Luisa V. Mika, Chelsea Health Center
Alvin L. Miller, Information Resources
Ana R. Miller, Dietetics
Richard A. Miller, Safety Office
Marianne T. Miller-Lacey, Radiology
Jose E. Miranda-Rivas, Patient Transport
Oscar N. Molina, Dietetics
Paulette L. Molinar, Nursing
Eunice L. Moreno-Ortiz, Bacteriology
Cynthia J. Morgan, Fiscal Affairs
Joann Morgan, Emergency Services
Robert I. Morris, Psychiatry
James E. Mortimer, Radiology
Sherri A. Muise, Nursing
Maureen Mullaney, Orthopaedics
Mary T. Mullen, Orthopaedics
Helen M. Mulligan, Occupational Therapy
Gerald F. Mullowney, Nursing
Dawn L. Murray, Nursing
Marita J. Murray, Blood Transfusion Service
Anne M. Nangle, Nursing
Diane J. Napoli, Anesthesia
Jill E. Nelson, Nursing
Peter D. Nguyen, Environmental Services
Tuan Nguyen, Radiation Medicine
Hannah Niland, Radiology
Michael R. Norris, Buildings and Grounds
Beatrice U. Nri-Nwolisa, Fiscal Affairs
Patricia R. O'Brien, Nursing
Tracey E. O'Brien, Nursing
Sean M. O'Connell, Materials Management
Desmond A. O'Farrell, Radiation Medicine
Anne M. O'Keefe, Credit and Collections
Mary E. O'Keefe, Credit and Collections
Stacey O'Rourke, Vascular
Amy C. Olsen, Admitting
Andrew E. Olsson, Buildings and Grounds
Mary R. O'Neill, Ambulatory Care
Joanne Oram, Radiology
Antonio N. Ortiz, Materials Management
Saadia Ortiz-Bucci, Inpatient Phlebotomy
Jenny Ou, Infectious Disease
Judith A. Paika, Anesthesia
Consuelo Paiva, Environmental Services
Kristin M. Palkoski, Nursing
Bridget Paluzzi, Nursing
Marcelino Paniagua, Environmental Services
Marie Papavasiliou, OR Administration
Demetrios C. Papayannopoulos, Information Resources
Anilbhai G. Patel, Hematology
Anne Paul, Inpatient Phlebotomy
Denise I. Pava, Credit and Collections
Anita M. Pearson, Urology
Richard Pedone, Buildings and Grounds
Sharon Pefine, Fiscal Affairs
Helen G. Pereira, Nursing
Mario A. Perez, Environmental Services
John L. Perrino, Buildings and Grounds
Oliver Perry, Environmental Services
Whitney Peters, Nursing
Palasa Petrides, OR Administration
Ricky G. Pettiford, Nursing
Thony F. Phillippe, Nursing
Iola Phillips, Nursing
Sylvia C. Phillips, Environmental Services
Widy Pierre, Materials Management
Natalie M. Pignatone, Surgical Research
Nancy A. Pins, Nursing
Andres Pinto, Dietetics
Michael W. Pirkey, Bunker Hill Health Center
Mikhail Pivovarov, Radiology
Valsamma Plammoottil, Pharmacy
Marie L. Polynice, Environmental Services
Sheronda D. Ponder, Nursing
Louise M. Powell, Environmental Services
Patricia A. Powers, Emergency Services
Mary Poyner, Nursing
Sokha Prek, Revere Health Center
Edythe Prescott, Fiscal Affairs
Rita M. Prevoznik, Anesthesia
Lucyann M. Principe-Hasan, Cardiac
Ellia M. Proude, Communications
Fritz Pryam, Inpatient Phlebotomy
Muoi Quan, Professional Billing
Maribeth Rafferty, Bunker Hill Health Center
Elizabeth A. Ratcliffe, Rehabilitation Medicine
Stephen P. Reardon, Emergency Services
Diane A. Reid, Social Service
Sharon Reif, Psychiatry
Oliverio N. Restrepo, Environmental Services
Christine M. Reuss, Neurosurgery
Rafael Reveron, Environmental Services
Manuel Reyes, OR Administration
Patricia A. Reynolds, Radiology
Amy R. Riskin, Nursing
Annette G. Rivera, Cardiac
David Rivera, Environmental Services
Jean L. Rocco, Pediatrics
Mary J. Rogers, Nursing
Enriqueta Rojas, Environmental Services
Bingni Rong, Nursing
Patricia Rosher, Credit and Collections
Sheila M. Rudolph, Arthritis
Florence Ryan, Computer Services
Jane E. Ryle, Revere Health Center
Myriam Saenz, Environmental Services
Lynn A. Sahaida, Chemistry
Christo Saintil, Environmental Services
Nadine Saint-Leger, Radiology
Mary C. Salans, Nursing
Sammer S. Saleh, Nursing
Mary W. Salus, Fernald School
Leticia G. Sanchez, Pharmacy
Joanne A. Sandiford, Nursing
Susan R. Sannella, Rehabilitation Medicine
Carol A. Santos, Professional Billing
Luis A. Santos, Environmental Services
Ellen M. Sapp, Neuroscience Center
Mary F. Scadding, Center for Imaging and Pharmaceutical Research
Chamaine M Scalli, Radiology
Ann R. Schapiro, Social Service
Marybeth Schmidt, Nursing
Craig M. Schoelles, Lab of Computer Science
Lesley C. Secrest, Nursing
Leane Seme, Environmental Services
Wahidul Shaikh, Health Information Management
Brian P. Sharp, Pharmacy
Christine M. Shea, Surgery/Transplant
Judith V. Shorb, Nursing
Valentina Shtatland, Information Resources
Domenic Sicari, Computer Services
Karen Sicotte, Endocrine Associates
Janet A. Silva, Bunker Hill Health Center
Milton P. Silva, Materials Management
Marguerite Simil, Nursing
Harlow H. Sires, Nursing
Benjamin Small, Materials Management
Lea Smalls, Nursing
Albina Smigliani, Radiology
Ellen P. Smith, Nursing
Harald C. Smith, Information Resources
Nancy E. Smith, Pharmacy
Sharon M. Smith, Health Information Management
Robert B. Sondak, Dietetics
Barbara E. Soojian, OR Administration
Rosetta T. Soremekun-Ekpe, Emergency Services
Paula L. Spagnuolo, Radiology
Diane S. Spiliotis, Fiscal Affairs
Mary L. Splaine, Nursing
Cheryl Squires, Dietetics
Sylvain St. Georges, Environmental Services
Miguette R. St. Gerard, Nursing
Gloria S. Stack, Health Information Management
Steve A. Stapleton, Environmental Services
Desiree M. Steele, Medical Walk-In Unit
Levi C. Stewart, Animal Resource Facilities
Maria Stewart, Medical Clinics Complex
Yvonne M. Stewart, Health Information Management
Lii-Fang Suen, Arthritis
Julie E. Sullivan, Radiation Medicine
Mary Beth Sullivan, Radiation Medicine
Teresa M. Sullivan, Lab of Computer Science
Elizabeth Sullivan-Fiske, Nursing
Carlton V. Sumrall, Health Information Management
Shirley L. Svizzero, Health Information Management
Christine E. Swanton, Cardiac
Kimberly Taliaferro, Outpatient Registration
Yat P. Tang, Animal Resource Facilities
Kathleen Tauson, Radiology
Virginia E. Tay, Nursing
Suzanne O. Tempesta, Gynecology
Frantz J. Teneus, Environmental Services
Marie J. Thecka, Inpatient Phlebotomy
Diana M. Thompson, Nursing
Robert M. Thompson, Health Information Management
Jacqueline Tierney, Admitting
Anne L. Tilley, Pedi Microchemistry
Prudence F. Tiro, Pathology
Nancy A. Tobin, Radiology
Agnes A. Tracey, Computer Services
Constance Tracy, Fiscal Affairs
Michel H. Tresfort, Orthopaedics
Alicja K. Trocha-Piechocka, Infectious Disease
Liam J. Tuffy, Social Service
Cynthia Turner, Infectious Disease
Elizabeth M. Tyler, Neuroscience Center
Gerald P. Uber, Security
Theresa M. Vachon, Nursing
Karen T. Vadala-DeCharles, Radiology
Delma I. Valentin, Revere Health Center
Merylee VanHouten, Children's Medical Service
Jose M. Vasquez, Environmental Services
Carmen D. Vega-Barachowitz, Language Clinic
Mechille Venus, Radiology
Michael J. Veprauskas, Respiratory Care
Roland Verelien, Environmental Services
Mimose Verrelien, Environmental Services
Alejandro Villalba, Environmental Services
Theresa M. Visconti, Pharmacy
Roberta Vitagliano, Gynecology
Susan M. Vogel, Nursing
Sheila Volpicelli, Chemistry
Patricia S. Von Titte, Nursing
Bau D. Vu, Buildings and Grounds
Patricia Wadman, Radiology
Zofia Walczak, Blood Transfusion Service
Mary Ann Walsh, Nursing
Daniel D. Ware, Pharmacy
Gretchen K. Warland, Pathology
Donna M. Washburn, Fiscal Affairs
Linda C. Weinstein, Medicine
Carla A. Welsh, Admitting
Roland Wharton, OR Administration
Branda H. Whelan, Nursing
Robert F. White, Anesthesia
Asbourne Williams, Dietetics
Michael D. Wilson, Nursing
David A. Winder, Orthopaedics
Alberta M. Winsor, Radiology
Harriet M. Wittink, Rehabilitation Medicine
Christiane R. Wolff, Inpatient Phlebotomy
Judith K. Wood, Nursing
C. Elin Woodger, MGH Cancer Center
William Woods, Blood Transfusion Service
Thelma E. Woodson, Information Resources
Veltina A. Worrell, Anesthesia
Marianne Wright, Orthopaedics
Edith W. Wunmi-James, Hematology
Christine M. Yaffe, Nursing
Tak-Ming Yan, Environmental Services
Lijun Yang, Materials Management
Savy Yin, Environmental Services
Emily M. Zanzot, Children's Medical Service
Gerardo Zayas, Admitting
Karen B. Zimmerman, Fiscal Affairs
Antoinette L. Zukowski, Orthopaedics

Three support committees have been established to assist the department. They are the MGH Information Technology Advisory Committee, which has widespread physician, other provider and administrative representation; the MGPO Physicians' Information Resources Steering Committee; and the MGPO/MGH Information Technology Oversight Committee, which is the senior review committee for information resources planning in both organizations.

Plans are also being developed to reduce the cost of information resource operations. Although the cost of these services is actually below that of most comparable academic medical centers, Miller says, he believes that planned technical and organizational changes can result in significant further cost reductions.

Longer range planning is under way to determine requirements for improved services in areas with a clinical program focus: cardiac surgery/cardiology, neurosciences, cancer, women and children's, critical care and primary care as well as clinical support services such as laboratories. Further information will be made available as these plans are developed, Miller says.

The department is also looking at opportunities to enhance service to patients, including improved information at reception areas and better administration of patients as they are admitted or treated in ambulatory care areas. Many of these improvements can be achieved without automation, Miller says.

The department is also examining how information services within the entire MGH community — including Spaulding and McLean hospitals, the Institute of Health Professions and the MGPO can be aligned and integrated. Ongoing collaboration with the Salem North Shore Hospital and BWH and joint planning with the Partners HealthCare System will provide integrated information across the network, Miller says.

"Success of a program of this magnitude is dependent upon the cooperation and support of hospital staff, physicians and all other members of the health care community," Miller says. "We appreciate this support, and the IR staff are committed to working with the hospital community to improve these services to be commensurate with the standards of clinical excellence set by the MGH." ●

Letters

To Whom It May Concern:

It is a pleasure for me to take this time to write to you and to compliment two of your parking garage employees by the names of Wallace Washington and Ravi Singh. These two fine young gentlemen lent me a helping hand on Saturday, July 30th when I found myself in a real dilemma.

My youngest daughter of 14 years old was operated on July 29th and discharged the 30th from Mass. Eye and Ear. As we walked through the garage to the car, we got ourselves settled in to make the trip home to the North Shore. Apparently though, I had accidentally left my lights on in the car overnight, causing my battery to be dead.

Four consecutive times my care was jump started to no avail and in the meantime, my daughter became weak, faint and in severe pain. Since I didn't wish to leave her in the car alone, we brought her to the locked area where the garage employees punch in and out and sat her down in a chair. . . . I explained to them that I needed to . . . get her pain medication prescription filled, which took approximately a half hour. During this time, these two men watched over her for me and also called a tow truck . . . By the time I returned . . . I was quite exhausted, worried and frazzled, to say the least . . .

In this day and age when ethic courses are being taught at major colleges, these men displayed perfect ethics. They were compassionate, caring and generally showed my daughter and me great concern. They were extremely kind and helpful to us and most of all, gave me a good sense of reassurance. Please thank them again for me, and I sincerely hope that Massachusetts General Hospital will never overlook the fine work of these men in this department and remember that they are very much a part of your team.

Sincerely,

Mrs. Patricia K. Labrecque

In the News

Sept. 14 — Nancy Rigotti, MD, director of the Quit Smoking Service, was interviewed by National Public Radio's "Morning Edition" about the Institute of Medicine's new report, "Growing Up Tobacco Free: Preventing Nicotine Addiction in Children and Youths."

Sept. 22 — Arthur Boland, MD, of Orthopædics, was interviewed by *Newsweek* on the use of drugs such as steroids in athletics. The interview will appear in a Japanese edition of the weekly magazine.

Sept. 22 and 23 — Hall Broadcasting System of Korea interviewed **David Herzog, MD,** director of the Eating Disorders Clinic, on eating disorders.

Sept. 23 — John Locke, PhD, of the Neurolinguistics Laboratory, was interviewed by WBZ-TV Channel 4 regarding genetic links to dyslexia.

Oct. 3 — G. William Dec, MD, of Cardiology was interviewed by *The Wall Street Journal* regarding FDA approval of a new heart pump.

Breaking ground for the Rehabilitation Hospital of the Cape and Islands (RHCI) are, from left, Fitz Sargent, architect; Manuel Lipson, MD, Spaulding chief executive officer; Susan Glasser, acting CEO for RHCI; Graham Gund, architect; Bobby Orr, former Boston Bruin; and John Tocci, Tocci Building Co. The new 60-bed facility, to be operated by Spaulding Rehabilitation Hospital, is being constructed in Sandwich.

October 21, 1994

MGH HOTLINE

Ether Day 1994: A new twist on an old tradition

CHANGE, symbolized by the almost-completed Blake Building, was fittingly juxtaposed with a long-standing MGH tradition: the annual Ether Day reception. Employees and staff gathered last Friday on Blake 8 to honor 1,506 recipients, who were celebrating their years of service on the 148th anniversary of the first demonstration of the use of anesthesia in surgery at the MGH.

"This is a very difficult time in health care," remarked Samuel O. Thier, MD, president of The Massachusetts General Hospital. "But this hospital has made it through many difficult times . . . by remembering a few things. First and foremost, it is here to comfort and care for patients and their families. In the next decade that will not change."

At the first Ether Day reception since the affiliation with BWH and his first as hospital president, Thier commented that the MGH has always been an innovator and will continue to be a leader in top-quality health care delivery with its new partner, BWH.

Marking his 15-year anniversary with the MGH, Richard R. Crater, CEO of the General Hospital, evoked the phrase "nothing is constant in life but change" in describing the theme of this year's Ether Day—"New Beginnings."

Jeff Davis, senior vice president of Human Resources and Continuous Improvement, welcomed those celebrating their 5th, 10th, 15th, 20th, 25th, 30th, 40th and 50th anniversary years. Davis, a 15-year recipient himself, spoke about the changes in this year's celebration: The reception was held in a new, large space to encourage recipients' colleagues to join in. Also, statements reflecting each recipient's individual contributions and accomplishments were added to the Ether Day printed program.

Employees and staff members posed for photographs with Thier and Crater after the addresses. Many stayed on Blake 8 to enjoy the refreshments, music, historic photo displays, views of the Charles River and, especially, the company of colleagues.

The traditional Ether Day dinner, honoring employees and staff who are celebrating 20 or more years of service, was held in the Walcott Rooms and the WACC Cafeteria Oct. 20.

Employees and staff who posed for photos at either the Ether Day reception or the dinner can pick them up at the MGH Photo Lab, Bulfinch Building basement, Wednesday to Friday, Oct. 26 to 28, from 9 am to 4 pm.

Strategic planning effort underway

"VALUES AND VISION: Strategic Beginnings" was the theme of an MGH strategic planning retreat, Oct. 4 and 5. The intensive, two-day program brought together the MGH's top leadership for an interdisciplinary examination of the institution's values and strategies with an eye to the future.

"The retreat served as an integral part of the hospital's strategic planning process, which actually began in the middle-management and clinical areas," says Richard R. Crater, CEO of the General Hospital. "While the institution's planning process is ongoing, the retreat provided an important and productive forum for approximately 75 senior vice presidents, vice presidents, chiefs of service and key staff members to come together, step back, assess and plan for MGH's future."

Samuel O. Thier, MD, president of The Massachusetts General Hospital, set the tone for much of the retreat's focus in his first-day address to the group. His theme of "Commitment and Compassion: The Foundations of MGH" addressed the hospital's mission, which he noted has changed over time to address the needs of the community, medicine and science. He outlined some of the values and strengths that have brought the MGH to the forefront of health care delivery, teaching and research.

"Certain institutionwide values help

(Continued on Page 2)

— Strategic planning effort underway

(Continued from Page 1)
support the mission of every leading organization, and the MGH is no exception," stated Thier. "As we formulate strategic plans for the MGH, it is vital that we formally identify, acknowledge and communicate those key values that will guide the decision-making process throughout the hospital."

As a springboard for further discussion, the participants completed a values survey. The resulting data helped to identify, list in order of importance and compare both the personal and perceived institutional values of the hospital's leadership. Those values that are currently widely held and well entrenched in the MGH corporate culture include:

- competence and excellence
- integrity, honesty and ethical practice
- intellectual/academic achievement and teaching leadership
- sensitivity, compassion and humanitarian focus

Values identified as *necessary* to be successful in the rapidly changing and competitive marketplace, include:

- reputation
- system wide patient-focused service
- teamwork
- innovation
- resource-effectiveness

Participants divided into five groups to discuss current and future directions for the institution. In the first session, "What curves are we on now? How invested are we?," the groups focused on four strategies the MGH is currently invested in to some degree: an integrated delivery network, biotechnology, tertiary/quaternary risk and global marketplace. Discussion included an in-depth examination of the future impact each strategy would likely have on downtown beds, physicians (primary care and specialists), funding for medical education, funding for research and direct patient care.

The second session addressed "Future Directions," with the goal of developing an MGH future that mixed and

Donuts and disc jockeys were the focus of MGH's Cardiac Arrhythmia Service last Friday. Clinical Research Analysts Katrina Mack and Liz Simpson were winners of a one-hour coffee break provided by Boston's Classic Rock station 100.7 WZLX. Their Sept. 20 fax inviting the station to the MGH was selected as a winner from among hundreds of entries. The festivities included plenty of coffee, donuts, T-shirts and good music for everyone on hand in the Bulfinch basement. Pictured just before a live call-in to the station are, *from left,* WZLX assistant promotions director Scott Lucas, Katrina Mack and morning drive DJ Ken Shelton.

October 14 — *The Boston Business Journal's* "Inside Track" column profiled **Richard R. Crater** in his role as the MGH's new CEO.

October 16 — *The Boston Globe* quoted **David Herzog, MD,** Psychiatry, in an arti on eating disorders entitled

MGH HOTLINE

weighted the same four strategies, as well as others the groups may have developed. The participants then explored which path, or combination of paths, the MGH should pursue, both to sustain its values and position the institution for long-term success.

As a followup to the retreat, many participants will be sharing the retreat discussions with hospital staff. An open dialogue process with broad segments of the hospital will take place in November, as well as meetings to begin developing guidelines. The goal of a December 9 retreat will be to finalize guidelines and develop an implementation plan by further defining strategy options. The hospital leadership likewise plans to develop a set of institutional guidelines for decision-making by December.

"Image Problems." **Charles Welch, MD,** Psychiatry, also spoke to the *Globe* about the use of electroconvulsive therapy to treat certain types of psychiatric illnesses in an article entitled "Shock Therapy." Both stories appeared in the *Globe's* biannual *Good Health Magazine*.

First look at a new arrival

ALL EMPLOYEES are invited to an open house for the new MGH Mother and Child Center, Friday, Oct. 28, 3 to 5:30 pm. Guided tours will be offered of the new inpatient obstetrical facilities on Blake 13 and 14. Highlights include the admitting area, the labor/delivery/recovery rooms, C-section rooms, the nurseries and postpartum rooms. Visitors also will see demonstrations of a new computerized medical record system and electronic fetal heart monitors. Refreshments will be served.

Employees should enter through the Blake Lobby, off the corridor running from the MGH General Store to the Warren Lobby. A special elevator will carry visitors to Blake 14, where the 20-minute tours will begin.

More than 200 expectant mothers are now registered for prenatal care with the MGH. Preparations are nearly complete — staff hired and trained, equipment installed and furnishings in place — to begin inpatient deliveries on Tuesday, Nov. 1. Watch for more information on the return of obstetrics to the MGH in upcoming issues of *Hotline*.

Donor gifts to be drawn Oct. 28

The 1994 MGH United Way campaign grand prize is two American Airlines round-trip tickets to anywhere in the continental United States. To be eligible, MGH employees must return completed pledge cards by 10 am, Oct. 28. Pledge cards may be submitted to department United Way representatives; at the WACC, White or MGH East information desks; Payroll; or Police and Security. Other prizes in this year's drawing include a weekend for two at a Boston-area hotel, free parking, gift certificates for local shops and restaurants and more.

The MGH "Gleam Team" As part of Community Care Day, five MGHers cleaned the home and yard of four physically challenged men in Salem. From left: Dave Ryan, Diane Beer, Gerry Gleason, Kelley Murphy and Leah Coviello.

Study will evaluate substance abuse treatment criteria

The MGH has received a $1.7 million grant from the National Institute for Drug Abuse to investigate standards for substance abuse treatment. The four-year project is the first to test the *Patient Placement Criteria*, published by the American Society of Addiction Medicine, which assign patients to specific levels of treatment based on a comprehensive assessment.

The study will determine whether patients treated in accordance with the criteria are more successful in remaining substance-free than patients assigned to treatment based on conventional community standards. The researchers will also evaluate whether factors such as gender or ethnicity make any difference in the usefulness of the criteria and recommend possible revisions.

David R. Gastfriend, MD, MGH chief of Addiction Services, is the project's principal investigator; co-investigators from the MGH are Sharon Baker, PhD; Stuart Gitlow, MD; and Lisa Najavits, PhD. Also providing support to the study are the Massachusetts Bureau of Substance Abuse Services and Mental Health Management of America, the managed care review organization for the state's Medicaid program.

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Partners briefing sessions
Samuel O. Thier, MD, president of The Massachusetts General Hospital and Partners HealthCare System, Inc., and H. Richard Nesson, MD, president of BWH and chief executive officer of Partners, will speak at joint briefing sessions at the two hospitals. Invited clinical and administrative leaders will be updated on the progress of Partners and are encouraged to relay information to their staffs. Coverage of the briefing session at the MGH, scheduled for Oct. 27, 8 to 9:30 am in the WACC Cafeteria, will appear in a future *Hotline*.

Free flu vaccine
Each year, hundreds of MGH employees use precious earned time because they are out sick with the flu. Once again the Employee Health Service will offer free flu vaccines to MGH employees. An MGH ID badge is necessary, but no appointment is needed during the following hours:

Main Campus
Oct. 24 to 28, 7:30 am to 4 pm; Oct. 31 to Dec. 2, 7:30 to 9 am, 11:30 am to 1 pm, and 3 to 4 pm, Employee Health Services, Clinics 382

CNY
Nov. 3, 10 am to 2 pm, Building 149, 7th floor, Human Resources Conference Room

Pediatric greeting cards
For the first time, holiday greeting cards created from the drawings of MGH pediatric patients are available at the MGH General Store. Here just in time for the season, the cards will help promote the MGH's top-notch Children's Service. Any proceeds from the sales will go toward making pediatric patients and their families a little more comfortable. Boxes containing 12 cards in four designs are $10.

"Sex and the Cancer Patient"
The Friends of the MGH Cancer Center and the MGH Cancer Affairs Committee will sponsor the first presentation of this year's DIALOGUES lecture series, Wednesday, Oct. 26 at 6 pm, in the Walcott Rooms. Henry Mankin, MD, chief of Orthopædics, will moderate a panel of experts who will address the topic, "Sex and the Cancer Patient." Everyone is welcome. Reservations are suggested and can be made by calling 6-1063.

Raising children in a violent world
Raising children to be cautious rather than scared, and helping them deal with confrontation among their peers, violence in the media and group situations is the focus of the Employee Assistance Program's "The Safe Family: Raising Children in a Violent World" seminar series. The schedule is: "Raising Children with Non-violent Values," Wednesday, Oct. 26; "Dealing with Children's Imitation and Fascination with Violence," Friday, Nov. 11; and "Focusing on City Families," Thursday, Nov. 17. All sessions are 11:45 am to 1 pm in the Wellman Conference Room. Advance registration is recommended and can be made by calling the Employee Assistance Program at 6-6976.

"Skimming the Fat"
The MGH Department of Dietetics class "Skimming the Fat" provides strategies for developing a healthier diet and includes a take-home folder of printed handouts. The $15 class is Thursday, Nov. 3, 5:30 to 6:45 pm. To register, call 6-2779 before Oct. 27.

Shriners new phone numbers
Shriners Burns Institute has installed a new telephone system, and every department has been assigned a new four-digit extension. Updated listings are available by calling 722-3000. Those who need a copy of the new Shriners telephone directory should call 371-4701.

Revere groundbreaking
All MGH employees and staff are invited to a groundbreaking celebration for the MGH Revere Health Associates' new, expanded health care facility, Oct. 26, 4:30 to 6:30 pm, 300 Ocean Ave., Revere. The program is scheduled to begin at 5 pm. Refreshments will be served. Special shuttle service for the event is as follows:

Leave MGH Gray Building	Arrive/ Leave Revere	Arrive/ Leave New Site
3:45 pm	4:10 pm	4:20 pm
4:40 pm	5:10 pm	5:20 pm
		Final run 6:00 pm

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Wendy Matarazzo
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October 28, 1994

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Joint OB/GYN residency a national leader

IT SOUNDS LIKE a classic example of the whole being greater than the sum of its parts. When the MGH and Brigham and Women's Hospital formed a joint residency program in obstetrics and gynecology in February, two of the most renowned programs in the East spawned what might very well be the best program in the country.

"It's an outstanding development," says Isaac Schiff, MD, chief of the MGH/Vincent Obstetrics and Gynecology Service. "Because of these diverse and prestigious programs, we are able to attract superb resident physicians to provide dedicated care for our patients."

The joint effort marks an evolution of a 14-year relationship between the two hospitals, in which the MGH was routinely incorporated into the BWH's obstetrics and gynecology residency training as a standard rotation site.

Today's program evenly divides both governing and training responsibilities between the two facilities. Both the MGH and BWH interview and select prospective residents and provide training during the four-year residency. The program will continue to employ 36 residents, choosing nine per year.

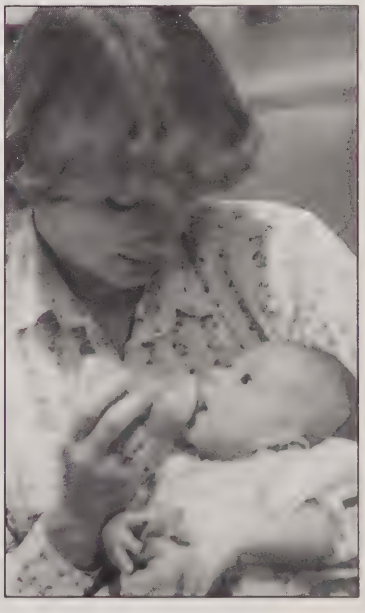
Each institution is equally represented

(Continued on Page 3)

The entire MGH community is invited to tour the Mother and Child Center today, from 3 to 5:30 pm. The center is accessible via the Blake 1 elevators (off the corridor that runs from the General Store to the Warren Lobby). Twenty-minute tours begin on Blake 14.

Clinical personnel are invited to a special inaugural day scientific program Saturday, Oct. 29. *See Page 4 for details.*

IT MAY SEEM perfectly normal to see Ida Agamy feed her infant daughter Amira, but just a few weeks ago the baby was close to death. Amira was admitted to the MGH Neonatal Intensive Care Unit (NICU) in August after complications during birth left her with serious heart and lung problems. During the following weeks, she developed what appeared to be a severe viral infection that affected her heart and most of her body's organs. When the baby continued to get sicker despite all the efforts of the NICU staff and other specialists, Amira's neonatologist Leticia Castillo, MD, and pediatric cardiologist Lars Erickson, MD, decided to try an unusual and risky procedure to relieve pressure inside her heart. Amira improved steadily after the operation and went home Oct. 19. Although it is too soon to be sure she will have no ill effects from her difficult first months, Amira now appears to be a normal two-month-old.



JCAHO survey update

THE JOINT COMMISSION on Accreditation of Healthcare Organizations (JCAHO) survey appeared to go very well, says Maryanne Spicer, director of Corporate Compliance; but it is not over yet. The Clinical and Anatomic Laboratory visits are scheduled for Dec. 8 to 16. According to Spicer, the MGH can expect a full three-year accreditation, which means the hospital's performance practices are considered to meet certain standards and assures continued participation in the Medicare program.

Spicer says the JCAHO survey team commented positively on the cooperation and enthusiasm of MGH employees and staff during the survey. The JCAHO is expected to issue a written report around the new year; *Hotline* will cover the final survey results.

More than 100 grateful patients gathered Oct. 5 to honor John C. Dalton, MD, by dedicating the sixth floor of the Ellison Building in his name. Donations currently exceed $1 million — a testament to his 40 years of dedicated service to the MGH. The distinguished physician deflected compliments to him delivered by various speakers at the celebration, noting that whatever success he has experienced is largely due to the hard work of his loyal and devoted staff. Above, *from left,* are Barbara Casarano, RN; Ann Desmond, RN; Sandie MacDonald, RN; John C. Dalton, MD; Sally Chisholm and Mary Kearney.

Former medical housestaff hold first reunion

PHYSICIANS from around the world who received medical residency training at the MGH attended the first MGH Medical Services Housestaff Alumni/ae Reunion Oct. 8 and 9. John Potts Jr., MD, chief of Medical Services welcomed more than 200 attendees to a scientific symposium and dinner Saturday. In his role as president of the Medical Services Alumni/ae Association, Samuel O. Thier, MD, MGH president and an MGH alumnus, gave an introductory lecture about the hospital in the era of health care reform.

The day's speakers reflected the many leadership roles held by former MGH residents. They included two Nobel Prize winners, Michael Brown, MD, and Joseph Goldstein, MD; the current president of the Institute of Medicine, Kenneth Shine, MD; a major official at the National Cancer Institute, Thomas Waldmann, MD; and the associate dean of the University of California at San Francisco Medical School, Lloyd (Holly) Smith, MD.

In addition to Potts and Thier, speakers from the MGH were David Blumenthal, MD, MPP, chief of Health Policy Research and Development; Albert G. Mulley, MD, chief of the General Internal Medicine Unit; James O'Connell, MD, also director, Boston Health Care for the Homeless; George Thibault, MD, also chief, Medical Services at Brockton/West Roxbury VA Medical Center; and Debra F. Weinstein, MD, director of Graduate Medical Education.

The returning former housestaff were enthusiastic about the event and hope for the establishment of a permanent alumni/ae organization with regularly scheduled reunions. ●

MGH Bunker Hill Health Center gets new phone numbers

The MGH Bunker Hill Health Center has installed a new phone system to cope with an increasing volume of calls. As a result, they have had to change their phone numbers, too. The new number for Administration is 724-8135. All old phone numbers and tie-line numbers are out of service. Look for a list of new phone numbers in an upcoming *Hotline*.

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Colleen Kigin, MS, MPA, PT, former director of Physical Therapy Services, has been appointed project coordinator for the Partners Cost Reduction Task Force, chaired by Jeff Otten, BWH chief executive officer. In her new role Kigin will work closely with various cost reduction teams, which are identifying savings in specific areas. She will report to Robert Scott, Partners vice president of Administration and Finance.

...ard Kitz, MD, former anesthetist-in-chief, has been appointed faculty dean for clinical affairs at Harvard Medical School (HMS). Kitz will address the rapidly changing relationships between the patient-care, research and educational efforts of HMS clinical faculty.

The Bridge School at Chelsea High, in partnership with the **MGH Chelsea Memorial Health Center,** has received a $15,000 matching neighborhood grant from the Eastern Enterprises / Boston Gas Company to fund the Immunization Awareness Project. This project is a public health initiative that Bridge School students will undertake to educate community members about the importance of immunizations and encourage their compliance.

The Bridge School, an innovative academic program within the high school, is designed to help students learn work-related skills, such as strategizing, planning and executing a project, and eventually apply them in a real-world workplace setting. This school-within-a-school program will work with MGH staff to teach students through active, hands-on projects, such as the Immunization Awareness Project, that address special community needs.

Let the research begin: *Last Friday hospital staff filled two MGH buses and headed off to the Young Adult Room at the Boston Public Library. More than 50 MGH professionals have volunteered to mentor science students in the 6th, 7th or 8th grade at the Timilty Middle School in Roxbury. The program (the Timilty-MGH Science Collaborative) matches interested science students with an adult to help them prepare a science project over a four-month period. Projects are then presented for judging at the annual Timilty, MGH and citywide science fairs.*

— *Joint OB/GYN residency*

(Continued from Page 1)

on the joint steering committee, composed of staff, residents and administrators. Robert Barbieri, MD, BWH chairman of Obstetrics and Gynecology, is currently director of the program. "While we have had a joint program for some time, the affiliation of the MGH and BWH sets the stage for the partnership to continue and flourish," he says.

"It works for everybody," says Schiff. "While reducing costs, we are improving the program because each hospital complements the other." The nine-month-old program has already been lauded by both institutions as an unqualified success.

"This program benefits the country because it will provide a superlative training site for physicians who specialize in women's health," says Barbieri. "We have created a facility with a breadth and depth unmatched by any other program in the United States, and we have created a research unit of a size and quality few of our peers can match." ●

October 28, 1994

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MGH HOTLINE

Obstetrical inaugural day scientific program

All clinical personnel are invited to the Obstetrical Inaugural Day Scientific Program tomorrow, Saturday, Oct. 29. The free program underscores the importance of academic, research and clinical opportunities associated with the reintroduction of obstetrics to the MGH. Moderated by Fredric D. Frigoletto, Jr., MD, chief of Obstetrics, the program includes remarks by Samuel O. Thier, MD, president of The Massachusetts General Hospital, on "The Obstetrics Program: Relevance to Health Care Reform," and lectures by national obstetric and pediatric experts. The program runs from 8 am to noon and is followed by tours and lunch in the new MGH Mother and Child Center. Those interested in attending the symposium can call Frigoletto's office at 4-3775 today or go directly to the MGH's WACC Lobby Saturday.

MGH Hotline
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MGH/BWH shuttle schedule change

Since its inception, the shuttle service between the MGH and BWH has averaged more than 100 riders each day. Passenger input on the shuttle's performance led the MGH Transportation Services to re-evaluate the goal of completing each trip in 20 minutes. Because traffic and environmental conditions periodically cause delays, which can disrupt passengers' schedules, the shuttle will operate on a new schedule effective Monday, Oct. 31. It will arrive and depart from the MGH each hour on the half hour, beginning at 7:30 am with a final run at 6:30 pm, and will arrive and depart from BWH each hour on the hour, beginning at 8 am with a final run at 6 pm. Please contact John Donovan, MGH Transportation Services, at 6-2250 with any comments or questions.

Fathering in the nineties

Sam Osherson, PhD, Harvard research psychologist and author, will outline issues men experience in embracing an active role in parenting. The session, sponsored by the Employee Assistance Program, is Thursday, Nov. 3, 11:45 am to 1 pm, Clinics 1 Amphitheater. To register call 6-6976 or fax 6-5941.

Spaulding Rehabilitation Hospital (SRH) began providing comprehensive outpatient rehabilitation services to children and adults at its new Neighborhood Rehabilitation Center in Brighton at 280 Washington Street, Aug. 1. Pictured at the Oct. 18 official ribbon cutting are, from left, Michael Barrett, Massachusetts state Senator; Jay Farber, physical therapist; Joanne Phelan, manager of the new facility; Jerry Kaplan, speech-language pathologist; and Manuel Lipson, MD, SRH chief executive officer.

Legal and ethical challenges in health care

Open to all concerned about ethical and legal issues in health care, this Nov. 5 conference is a joint presentation by the social work departments of the MGH, BWH, Spaulding Rehabilitation Hospital, the MGH Institute of Health Professions and McLean Hospital. Participants include Samuel O. Thier, MD, president of The Massachusetts General Hospital; Loretta McLaughlin, health issues writer and former editorial page editor of *The Boston Globe*; and keynote speaker, Norman Daniels, PhD, Philosophy Department, Tufts University. Continuing education credits are available for social workers, physicians, nurses and speech-language pathologists. For reservations, call the Spaulding Social Service Department at 720-6500.

Partners briefing sessions

Coverage of the Partners HealthCare System, Inc. briefing sessions scheduled for Oct. 27 and 28 at the MGH and BWH, will appear in an upcoming *Hotline*.

November 7, 1994

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Center brings multidisciplinary approach to thoracic cancer care

SINCE THE OPENING of the MGH Thoracic Oncology Center in September, patients with lung cancer and other malignancies of the chest area have had the opportunity for coordinated, multidisciplinary care. In a single visit to the center, located on Cox 3, patients can meet with many of the specialists who collaborate on their care. The new center is the second such program within the MGH Cancer Center, joining the Comprehensive Breast Health Center.

During an initial visit to the center, patients first meet with Stephanie Macaluso, RN, MSN, a clinical nurse specialist/advanced practice nurse who takes a complete history and assesses any special needs. "I look at how they are currently functioning, whether there are issues around coping, pain and personal support that should be addressed. They also receive an initial assessment from a physical therapist, and as necessary,
(Continued on Page 4)

MGH-Revere Health Associates is scheduled to move into new quarters at 300 Ocean Ave. in Revere during spring 1995. More than quadrupling the space the center now occupies, the new facility will allow the MGH to expand services to the Revere community. Above, Sokha Prek, an assistant in the Women, Infants and Children Program, shows a colleague where her work space will be during a groundbreaking ceremony at the new site Oct. 26.

PARTNERS PROGRESS

Past, present and future

PARTNERS CEO H. Richard Nesson, MD, and Partners President Samuel O. Thier, MD, offered a comprehensive overview of the affiliation at sessions held Oct. 20 and 21 at both the MGH and BWH. They described the genesis of the affiliation between the MGH and BWH, specifics of the unfolding Partners' structure and achievements made since March. Future goals and directions were also detailed.

"We are off to a beginning that frankly has startled me," Thier told the group of nearly 200 at the MGH. "We are working together faster than I would have predicted. If we had stopped in the beginning to think through every detail of the affiliation, we might have been paralyzed into inaction. But as we looked at other markets, the future looked frightening, and we thought that together we could take a leadership role by responding rationally — not randomly — to all of the changes."

Citing consistency in the MGH and BWH's missions, commitment to quality, mutual respect, fiscal strength and management capability, Thier described how the hospitals made an "educated leap of faith" when they decided to affiliate nearly a year ago.

"Together the two hospitals carefully examined those factors that were placing intense pressure on the world of academic medicine, including rising HMO market share, decreased hospitalization, an emphasis on price over quality, and reduced funds for education and
(Continued on Page 2)

— Partners progress: past, present and future

(Continued from Page 1)
research," Thier said. "Boston maintained four beds per thousand members of the population, compared with an average of two beds per thousand elsewhere. Projections indicated a need to reduce the number of beds, not the overall clinical activity, but the beds, by 50 percent within only a few years."

Governance and structure

Nesson then outlined the progress made by leadership from both hospitals in establishing the current structure that helps Partners carry out its mission and strategic objectives.

In the spring the Partners governance structure was established, joining both institutions through the Partners Board of Trustees. The board is comprised of six trustees from each of the hospitals and is headed by the board chairmen from each hospital.

Next came the challenge of developing an executive office. The board appointed Nesson as chief executive officer and Thier as president. Partners began recruiting key personnel, including Robert Scott, vice president of Administration and Finance; Ellen Zane, vice president of Partners and network president; Joseph Trainor, deputy treasurer; Dennis Colling, vice president for Human Resources and Organizational Effectiveness; and Matthew Fishman, director of Community Benefits. The aim is to keep the corporate office relatively small and focused.

An equally important task was that of identifying and activating Operating Committee members to coordinate major activities. Task forces were formed to coordinate specific functions at the two institutions and plan future directions. These task forces are: Clinical Training, Clinical Services Coordination, Cost Reduction, Network Development, Physician Credentialing, Physician Participation, Primary Care and Research.

Nesson outlined some of the accomplishments made so far. The hospitals have combined their treasury functions, realizing a savings of $1.5 million; established joint residencies in OB/GYN and Emergency Medicine; and begun building an integrated health care network, including agreements with Cape Ann Medical Center as well as General Medical Associates. He also mentioned that discussions are under way with more than 20 other physicians groups and community hospitals throughout the region.

Moving forward

The discussion then focused on where Partners is headed, addressing both the implications and uncertainties. "We are in the process of creating an integrated delivery system that is highly coordinated and readily available," Thier said. "We expect that as things evolve we will provide a continuum of care — from preventive to long-term — across a broad geographic area. Expanding primary care will become a progressively larger part of that system, and this means a change in culture, taking a new view if we are indeed to succeed."

Thier outlined several key aspects for making such a system work. "Partners institutions must be well connected through our information systems to share clinical and business information. Although the technology for such a system does not currently exist, we cannot wait. We must move forward, approximate it and make adjustments as necessary."

Thier also pointed out that the current health care environment is confusing, with competing delivery systems and incentives. "Beds are no longer revenue centers; they are cost centers. Patients have traditionally come to the doctors; now we need to take the doctors to where the patients are. While these hospitals provide excellent care, to date they have not provided the best integrated care. We need to improve access to the network for patients as we continue with our teaching and research responsibilities, all while reducing costs systemwide. We must change the debate to quality and outcomes and away from simply an argument about cost. We need to determine best practices and methods of delivery for the future while we are in this state of transition."

PRIMARY OFFICES for Partners HealthCare System, Inc. will be at Prudential Tower, 800 Boylston St., as of Monday, Nov. 7. Both H. Richard Nesson, MD, chief executive officer of Partners and president of BWH, and Samuel O. Thier, MD, president of Partners and the MGH, will have offices there. Thier can still be reached through his White 1 office. As both physicians pointed out at the Partners briefings, the site is "exactly equidistant from each institution's main campus."

MGH HOTLINE

A little perspective

New England Patriots tackle Pat Harlow and guard Bob Kratch coach 4-year-old Shea Hammond, right, on the finer points of the game on Ellison 17. Dana Ulness, 2½, left, got a few pointers of his own. Shea, Dana and their families are avid Patriots fans, as were many of the young patients the players visited Oct. 18. Harlow and Kratch discussed the Patriots' season, Boston's sports media and keeping the game in perspective with patients, their parents and unit staff.

In conclusion, Thier and Nesson told the groups that Partners intends to move out ahead of what is going on and to develop a model plan. They acknowledged that mistakes will be made because the hospitals are in uncharted territory, but assured that the mistakes would be corrected and the institutions would move forward.

Continuing communication

Joint briefing sessions enable clinical and administrative leaders from both hospitals to get first hand about Partners activities and progress, and then relay that information to their staffs.

"Communication among our staffs and employees represents an important part of moving forward together," says General Hospital CEO Richard R. Crater, who moderated the MGH session. "We need to be consistent, current and accurate in our vision if we are to maximize our cooperative efforts."

The next Partners briefing session will address network development and will be held Tuesday, Jan. 17, at the Shriners Auditorium from 10:30 am to noon. A similar session will be held at BWH that afternoon. ●

Bunker Hill Health Center

New Telephone Directory

Administrative Services

Administration	724-8135	Health Information Management	724-8140
Billing	724-8167	Registration	724-8166

Clinical Services

Adult Medicine / Subspecialties	724-8160	Nutrition / WIC	724-8198
Communication Disorders	724-8200	Obstetrics / Gynecology	724-8208
Laboratory	724-8170	Adolescent Medicine/Pediatrics	724-8204
Mental Health / Social Services	724-8200	Radiology	724-8146

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MGH HOTLINE

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— Multidisciplinary thoracic cancer center

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social workers, dietitians and others can be involved in their care from the first day."

Patients then meet with specialists from medical, surgical and radiation oncology who review their particular needs and develop an individualized treatment plan. Consultations can be arranged with Respiratory Therapy, Speech Pathology, the Pain Center and the Quit Smoking Service. Macaluso and other nurses at the center follow patients through their treatment program, sharing information with other health care providers and making sure that everything stays on track.

"This approach avoids the need for patients to have multiple appointments on different days with several physicians," says Douglas Matisen, MD, chief of Thoracic Surgery and a member of the center. "The overall result should be improved patient satisfaction and more efficient care."

Thomas Lynch, MD, an MGH medical oncologist who played an instrumental role in establishing the center, explains another reason for offering a multidisciplinary treatment approach to thoracic cancers. "In the last five to ten years, we have learned that adding chemotherapy and radiation to surgical approaches for these diseases can make a difference in long-term survival.

"The MGH has taken a leading role in using chemotherapy and radiation to shrink thoracic tumors before they are removed and to destroy any microscopic deposits of cancer elsewhere in the body."

Patients at the MGH center will have the opportunity to join clinical trials of new treatment methods. The MGH has recently been chosen as one of four national test sites for a promising chemotherapy drug called CPT-11, and new approaches are being developed in surgical and radiation techniques as well.

"Last year we ran a series of focus groups with cancer patients and their families," says Molly Bushman, administrative manager for Surgical Oncology and the MGH Cancer Center. "They all said the people delivering care were great but that their care felt fragmented. Developing these multidisciplinary patient-focused centers is central to the mission of the MGH Cancer Center. Plans are online to develop other centers, such as a Connective Tissue Oncology Center, in the coming year."

Ruth Dempsey, RN, nurse manager, Ellison 13 Thoracic Surgical Unit, and a member of the center's staff, says: "We've been developing this endeavor for less than a year, and the way everything has come together is really exciting. Combining so many different services in one place to meet patient and family needs is the way of the future."

For more information about the center, call Mary Ellen Maguire at 4-6862.

MGH Hotline
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Wendy Matarazzo
Jeff Wdow
Editors

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FAX 6-7475

OB unit opens for business

Toni Hurton, RDMS, describes fetal ultrasound to one of more than 1,200 MGH employees and visitors who attended an open house at the MGH Mother and Child Center Friday, Oct. 28. Unit staff and Vincent Club members gave tours of the Labor/Delivery/Recovery Unit on Blake 14 and the Newborn Family Unit on Blake 13. The center opened Tuesday, Nov. 1, and the first baby was born less than 24 hours later — Wednesday, Nov. 2, at 12:11 am. More information on the new arrival and further details on the Obstetrics Service will appear in upcoming issues of Hotline.

November 11, 1994

MGH HOTLINE

The nuances of building a health care network

CHANGE in health care today is constant, from efforts to reform on the national level, to local changes here in Boston, most notably the affiliation between the MGH and BWH. But the rationale behind forming Partners HealthCare System, Inc. goes far beyond linking the two Boston institutions. The key is to create a regional, integrated health care delivery system that reaches out to patients wherever they are and paves a smoother path through the rocky health care terrain.

The Network Task Force, chaired by Ellen Zane, Partners vice president and network president, is one of eight Partners task forces created to address the complex issues surrounding the affiliation and the changing health care climate. "Our task force's goal is to create an integrated health care system in which all participants work together to enhance patient care. In the beginning, our network-building efforts will focus on bringing additional primary care physicians into the Partners network."

Gathering solid information on which to base decisions has been one of the central goals of the Network Task Force. Toward that end, the group has made considerable headway, and extensive research has been conducted. Nationally the group has looked at network prototypes, governance structures and relationships with insurers. Locally, it has gathered specific information on physicians in the community, their managed care and hospital associations, and their

(Continued on Page 2)

MGH nurse honored by military

IN THE SUMMER of 1993 MGH cardiac care nurse Martie Soper, RN, found herself caught in the middle of sniper fire in Somalia as she treated wounded soldiers. This past Sunday she received the Bronze Star, one of the military's highest medals of honor.

Soper became part of Operation Restore Hope when her 439th Aeromedical Evacuation Squadron (AES), at Westover Air Reserve Base in Chicopee, Mass., was deployed to Cairo, Egypt. The U.S. Marines in Somalia had recently turned control of the Mogadishu area over to U.N. forces. By the time Soper's squadron arrived, fighting had broken out, and the reservists found themselves working in combat conditions.

Soper served in Somalia and Egypt from May to July 1993, surrounded by gunfire for hours at a time. She was in charge of triaging wounded U.N. troops out of combat areas to hospitals in Pakistan and Germany.

More than a year after she had returned to her position on the Cardiac Care Unit, Ellison 9, Soper's commanding officer mentioned that her work overseas had been noticed. She received a citation calling her actions inspiring and noting that the leadership and devotion she demonstrated during the mission "reflect great credit upon herself and the United States Air Force."

Her commander sent a written recommendation to Washington that the flight nurse and two fellow squadron members be considered for the Bronze Star. Four months later, Soper got word that each would receive the honor.

"None of it has really sunk in even now," she comments. "I could never have imagined all that's taken place over the past year-and-a-half. It's been an amazing experience."

Since her mission in Somalia, Soper has been promoted from lieutenant to captain. She remains active in the reserves as an Assistant Officer in Charge of Ground Training.

Martie Soper, RN

— Partners progress: the nuances of building a health care network

(Continued from Page 1)
practice configurations, whether solo or as part of a group.

The task force uses this information to prioritize actions, determine who to contact and when. According to Zane, once the task force decides to contact a practice, typically the contact is made by either Sam Kim, MD, MGH visiting surgeon and president of the Massachusetts General Physicians Corporation, or Gilbert Mudge, MD, BWH director of Clinical Cardiology Services. Sometimes the initial contact is made at the administrative level, she says.

Next, representatives of Partners and the practice meet to share their overall visions. Richard R. Crater, chief executive officer of the General Hospital, led the Network Task Force before Zane joined Partners. He explains: "We consider three items first: the quality of the physicians and the care they provide; the 'survival' outlook for the practice, whether it is financially strong and has a solid relationship with its patient communities; and the overall views of the practice physicians and administrators. If initial findings are positive, we know we have a potential partner, and discussions advance to a more detailed level."

To organize the groups and individuals, Partners Community HealthCare Inc., (PCHI), was established. PCHI's not-for-profit, taxable status was chosen to allow greater participation by physicians in governance.

Physician practices can link up with the Partners network in one of three ways. In one model, physicians and staff of a practice become PCHI employees. In another model, Partners purchases the practice assets, and physicians sign long-term professional services agreements to provide medical care for patients in the practice, which PCHI owns. In this scenario physicians are not PCHI employees. And in the third model, physicians give Partners the exclusive rights to do their "at risk" managed care contracting. This option is preferred by groups that do not want to sell their practices but recognize the need to be part of a larger organization in the future.

"Then when Partners contracts with insurers, we go as an integrated network covering a large region, and we are able to negotiate from a stronger position," says Zane.

Two community-based physician groups already have affiliated with Partners: Cape Ann Medical Center in Gloucester and General Medical Associates, with offices in Boston, Brookline and Weston. Additionally, Framingham-based Massachusetts Association of Physicians, Inc. is in the process of linking with Partners, and according to Zane, discussions with approximately 30 other physician groups and hospitals are under way.

"Deciding to affiliate at all, and choosing a specific affiliate, is an understandably difficult process for physicians," says Zane. "Complex issues need to be considered—office staff, real estate, current economics and the future of the medical profession. We are fortunate that the founding members of Partners are well respected for their high-quality care, but we need to work hard to overcome an erroneous perception that we have not been interested in working with community health care providers."

Zane notes that immediate task force work will focus on building primary care links, but adds that eventually Partners intends to broaden its scope of alliances with other types of providers, such as nursing homes and subacute facilities.

In addition to aggressively developing relationships with caregivers, the Network Task Force is committed to providing comprehensive management services, including practice advice and information systems, which will help Partners' practices in the community, at the MGH and at BWH coordinate and function well as a network. To that end, Partners is completing a search for a chief operating officer for PCHI.

Immediate task force work will focus on building primary care links, but eventually Partners intends to broaden its scope of alliances with other types of providers, such as nursing homes and subacute facilities.

November 11, 1994

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Members of the Network Task Force are: W. Gerald Austen, MD, MGH surgeon-in-chief and CEO of the Massachusetts General Physicians Organization; Crater; Lynne Eickholt, MGH vice president of managed care, marketing and planning; Lee Goldman, MD, BWH chief medical officer; Bruce Goldstrom, BWH vice president of planning; Richard Keyser, consultant; Kim; Mudge; H. Richard Nesson, MD, Partners chief executive officer; Jeffrey Otten, BWH chief executive officer; Jay Pieper, BWH chief financial officer; Catherine Robbins, MGH senior vice president and chief financial officer; and Zane.

Coding and DRG Analysis, Medical Record departments merge

BECAUSE their work is so closely related, the Medical Record Department and the Coding and DRG Analysis Department have always been linked. Now they are one. The two officially merged Oct. 18 to become the Health Information Management Department.

Early this year the departments faced similar challenges: a turnover in management and a mandate to reduce budgets.

"The situation made us take a critical look at our operations and management structure," says Mary Lahey, director of the new Health Information Management Department. "Facts pointed to a merger, which has allowed us to integrate similar areas and flatten the management structure."

Suddenly two separate challenges became one opportunity. "Almost all our cutbacks have occurred at the management level this year," Lahey says. "And thanks to vacancies, we were able to achieve most of them through attrition." One position was eliminated through layoff, but Lahey reports that the person in that position, who now has primary full-time employment outside the MGH and a new part-time position in Health Information Management, was contemplating a career move anyway. "The restructuring simply moved up the timetable," Lahey says.

Under the new structure, managers and supervisors have dramatically different responsibilities. "The transition has been challenging," says Lahey, "but they are a strong group and have become a more flexible team—highly valuable in an industry changing as fast as health care."

'Tis the season

Young artists, from left, Dawn Baker, 12, Tommy Melville, 14, Sara Radin, 8, and Jessica Scearbo, 7, proudly display the artwork that was selected for holiday greeting cards. Boxes containing 12 cards in the four designs created by these MGH pediatric patients are now available at the MGH General Store for $10. Proceeds from card sales will go toward making pediatric patients and their families a little more comfortable.

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MGH HOTLINE

Smoke out

The Great American Smoke-out, Thursday, Nov. 17, is an opportunity for smokers to quit for one day—maybe for good. Experts from Employee Health Service, Department of Nursing, Smoking Cessation Services, Cardiopulmonary Physical Therapy and Dietetics will host an information and exhibit table in the WACC Lobby, 10 am to 2 pm.

Cancer Center fund-raiser

A fund-raiser sponsored by The Friends of the MGH Cancer Center at F.A.O. Schwarz, Nov. 17, 6 pm, will benefit pediatric oncology patients and their families, Halcyon Place and other Friends projects. A cocktail buffet will be followed by entertainment and private holiday shopping. Tickets are $50, and parking is free. Call 6-1063 for tickets and more information.

Gay/Lesbian/Bisexual Alliance

Formed to address employment, benefits, employee awareness and community relations, the MGH Gay/Lesbian/Bisexual Alliance is open to all concerned about these and related topics. Interested people should call 6-5687 or attend the next meeting Friday, Nov. 18, noon to 1 pm in Conference Room D, third floor, Bartlett Hall Extension.

Partners research symposium

The first of three Partners research symposia, sponsored by the Research Task Force, will be held Monday, Nov. 21, noon to 5 pm. Entitled "Cell Adhesion in Health and Disease," the symposium is co-chaired by Brian Seed, PhD, of the MGH Molecular Biology Department, and Michael Gimbrone Jr., MD, BWH Pathology Department. The program includes a poster session and lunch from noon to 2 pm in the Wellman Conference Room, followed by presentations by BWH and MGH physicians and scientists in the Shriners Auditorium. Extra shuttle buses from CNY to the main campus will run at 10:30 and 11:30 am, returning at 5:15 and 5:45 pm. For more information, call Research Affairs at 6-3651.

Spaulding lecture

Eleanor Shore, MD, dean for Faculty Affairs, Harvard Medical School, will present "The Expanding Mission of Academic Medicine" as part of Spaulding Rehabilitation Hospital's Distinguished Lecturer Series, Friday, Nov. 18, 11 am to noon. Continuing medical education credits are available. For more information or to reserve a free parking space, call 720-6826.

Tennis league

The MGH Tennis League is beginning its 16th indoor season and encourages MGHers at all skill levels to join. The league gathers Friday nights 5:30 to 7:30 pm, November to May. An open house for new members will be held Friday, Nov. 18, 5:30 to 7:30 pm at Charles River Park Tennis Club. League coordinators can be reached by leaving a message at 742-8922.

Michaela Abby Mellen, the first baby delivered in the Mother and Child Center, arrived in the early morning, Nov. 2. Her mother transferred into the MGH program because of a possible health problem. However, Michaela's delivery went well, and she and her mom went home Nov. 4. As of press time Wednesday four babies—all girls—had been born in the new center.

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Wendy Matarazzo
Jeff Wdow
Editors

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November 18, 1994

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Remembering lives lost too soon

As the sky over the Bulfinch lawn suddenly filled with balloons Sunday afternoon, Nov. 6, passersby may understandably have assumed a party was under way. Had curiosity drawn them closer, however, they would have realized that the event was no party at all. The Pediatric Bereavement Team, a group of nurses from the various pediatric units, was holding a memorial service for parents and other family members of children who had died at the MGH.

The MGH clinical staff's phenomenal success in saving lives has another side: Some patients are simply too ill or injured to be saved. And some of those patients are children.

The mission of the Pediatric Bereavement Team is to ensure that every family whose child dies at the MGH be contacted by an MGH staff member, usually a member of the Bereavement Team. That contact often takes the form of phone calls and a sympathy card.

"It's important for family members to know that the child who died touched the lives of people here at the MGH," says Bernadette Reilly-Smorawski, RN, staff nurse on the Neonatal Intensive Care Unit and member of the Pediatric Bereavement Team.

Although the team has been reaching out to bereaved parents since 1983, they have been conducting an annual memorial service for only four years.

"Many of the children who die at the MGH do so after a long illness, so their parents have spent a lot of time at the MGH and have usually formed strong bonds with staff members," says Reilly-Smorawski. "We realized in 1991 that the MGH campus itself is a place that holds many memories for families and that an event at the MGH to honor their children would be beneficial to parents and other family members."

The Pediatric Bereavement Team tries to make the event as meaningful as possible for families by inviting their participation, whether by getting involved in planning the event, contributing writings or reading passages during the ceremony itself.

Diane Edlin's son, Ethan, died at the MGH Feb. 26, 1990, when he was 4 1/2 months old. Diane has attended all of the memorial services, in fact, has been involved in planning the service each year. "I don't think anyone who has not been through something like this can understand how much this service means to those of us who have lost our children," Diane says. "The ceremony is not so much a time when we focus on our loss as it is a special time for us to

(Continued on Page 2)

This is the fourth year the MGH has participated in Project ProTech, a youth apprenticeship program founded by the Boston Private Industry Council. The program, which recruits students in their sophomore year, helps bridge the gap between the worlds of school and work by providing job training and mentors at health care institutions. This year the 13 students in the program will participate in a specially designed case study that will follow a fictitious patient through the hospital from admission to discharge. Above with students are Sharon Hatcher, assistant recruiter, far left; Kathy Rice, assistant director, second from left; and Marilynn Busby, recruiter, far right, all of Human Resources.

Isaac Schiff, MD, chief of the Vincent Memorial Obstetrics and Gynecology Service, left, and J. Robert Buchanan, MD, general director emeritus, flank Anna Snider Ullian at the dedication of the Harold and Anna Snider Ullian Neonatal Nursery. The Nov. 1 ceremony honored Mrs. Ullian and her late husband for their generosity.

— *Remembering lives lost too soon*

(Continued from Page 1)

celebrate the love we have for our children.

"To me, going back to the MGH is like going home to Ethan because he had lived there and died there. I have always felt a part of me is there. I feel closer to him when I'm there."

Family members are not the only ones to benefit from the team's efforts. "We're a resource to staff too," says Reilly-Smorawski. "Often, the time staff members spend with the family of a dying child can be emotionally very intense. In those instances they can use someone to talk with to process those experiences. We're here to help with that, too." ●

United Way Campaign

This year's United Way campaign featured three giveaways. Winners and prizes are listed below. Pledge cards nay still be sent to Police and Security, CLNBA044, until Dec. 30.

Grand Prize Drawing

Roman DeSanctis, MD, director of Clinical Cardiology
First prize: two round trip tickets to anywhere in the continental United States

Virginia Hayes, executive office assistant, Computer Services
Second prize: two-days at the Somerville Holiday Inn

Katherine Nee, executive secretary, Surgical Associates
Third prize: two-days at the Government Center Holiday Inn

Nancy Caruso, RN, staff nurse, Ellison 9
Fourth prize: Seiko clock

Raffle

Sue Cutillo, department secretary, Chelsea Health Center
Two free months at the Charles River Park Health Club

Scott McLeod, MD, clinical fellow, Bunker Hill Health Center
Two free months at the Charles River Park Tennis Club

Domenic Costa, carpenter, Buildings and Grounds
Free year of beeper service from Mobil Media

Bill Maynard, area manager, Environmental Services
Free year of sailing at the Courageous Sailing Club

Michael Garrity, MD, Bunker Hill Health Center
Boston Celtics Tickets donated by A-Copy

Jelly Bean Counts

Tommy Laudenslager, security officer, MGH East
756 jelly beans

Nancy Anderson, office assistant, Chelsea Health Center
689 jelly beans

Bob Vellela, senior patient index assistant, Somerville
761 jelly beans

Ann Marie Garcia, group practice secretary, Chelsea Health Center
693 jelly beans

Patricia Donovan, senior assistant, Development and Public Affa
691 jelly beans

November 18, 1994

MGH HOTLINE

New service, new numbers

As operations in the new MGH Mother and Child Center get fully under way, more and more MGHers will need to communicate with the center's staff. Here are key phone numbers for the new units and some of the staff:

Newborn Family Unit
Blake 13 4-9310

Labor, Delivery, Recovery Unit
Blake 14 4-9410

OB Admitting 4-9400
fax: 4-9405

Fredric Frigoletto, MD 4-3775
Chief of Obstetrics

Elizabeth Catlin, MD 4-4383
Director of Neonatology

Peter Gorski, MD 4-9325
Director, Newborn Family Unit

Michael Greene, MD 6-2770
Director, Maternal/Fetal Medicine

Bonnie Glass, RN 4-9448
Nurse Manager

Lori Clark, RN 4-1878
Clinical Nurse Specialist

Laura Doyle 4-1745
Operations Coordinator

Outpatient Obstetrics 4-BABY
(prenatal care registration)

Referral/Consultation Line
for Physicians 4-3358

Michael Fisher, manager of Distribution and Logistics, Materials Management, presented "The Use of Data in Customer Service in Hospitals" at a conference sponsored by the University of Michigan Sept. 22 and 23. Fisher also participated in a panel discussion entitled "Patient-Focused Restructuring and its Potential Effects on Transport."

David Herzog, MD, director of the MGH Eating Disorders Unit, has been named director of the Harvard Eating Disorders Center. When it opens officially Jan. 1, 1995, this "center without walls" will bring together specialists from a variety of disciplines and institutions to study eating disorders and their treatment.

The American Association for the Advancement of Science (AAAS), publishers of the journal *Science*, named **Stephen Krane, MD,** of the Arthritis Unit, to the rank of fellow Sept. 23. Krane was named for his studies of Paget's and other metabolic bone diseases as well as the discovery of factors involved in the joint destruction associated with rheumatoid arthritis. With more than 140,000 members, the AAAS is the world's largest federation of scientists. The organization named 297 fellows this year.

The newly renovated Plastic and Reconstructive Surgery Unit on Bigelow 13 was dedicated in honor of John Remensnyder Jr., MD, left, through a gift by the late Priscilla Dennett Ramsey. The Oct. 20 dedication, part of an event celebrating the Plastic Surgery Service, was organized by Chief of Service James May, MD, right, and featured lectures, tours and a lunch.

Environmental Services introduced the Employee of the Quarter Program last year, to encourage and recognize outstanding achievers for their overall performance. Below are all Environmental Services staff members named employees of the quarter so far this year.

1st quarter 1994:
Verdieu Joseph, Fritz D'Haiti, Irlando Barbosa, Lucy Christmas, Zu Zheng Huang, Arnel Cahlas

2nd quarter 1994:
Pedro Garzon, Harold Branch, Joselino Cruz, Ann Pires, Martha Branch, Loregene Avril

3rd quarter 1994:
Veronica Larrette, Aristeo Amaro, Medinor Dorson, Guianderson Moore, Mirelle Cesar, Robert Sullivan

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MGH HOTLINE

1995 FLEX Benefits open enrollment confirmation

All benefits-eligible employees should have received a personalized confirmation statement indicating their benefit choices for 1995. TeleFlex will be open 24 hours a day until Nov. 27 for employees who wish to make changes or corrections to their benefit choices. Employees who did not receive a statement should call the Benefits Office at 6-8133.

Employees who were hired or became benefits-eligible after mid-September will not receive a confirmation and should call the Benefits Office at 6-8133 with any questions. Professional staff will receive communications shortly regarding open enrollment.

Thanksgiving dessert

The MGH Department of Dietetics is offering fresh-baked apple and pumpkin pies for $7, just in time for Thanksgiving. Pies can be ordered until Nov. 21 by calling 6-2528 or 6-5909. Boxed pies can be picked up Tuesday, Nov. 22 and Wednesday, Nov. 23, at the General Cafeteria from 6:30 am to 6 pm and the WACC Cafeteria from 7:30 am to 5 pm.

Women in Science

Mentoring emerged as a critical need when the Women in Science Committee, sponsored by Honorary Trustee Mrs. R. Morton Claflin, examined ways to facilitate the advancement of investigative careers for women at the MGH. A subcommittee on mentoring, chaired by Anne B. Young, MD, PhD, chief of Neurology, has planned an educational series entitled "Ins and Outs of Academic Medicine." The first of five panels, "Diversity of Career Pathways," chaired by Anne Klibanski, MD, chief of the Endocrine Unit, was held Oct. 12. A videotape of this session is available from the Office of Research Affairs.

The second panel, "How to Get a Promotion," scheduled for Wednesday, Nov. 30, 4 to 6 pm in the Wellman 1 Conference Room, is chaired by Young. It will include W. Gerald Austen, MD, chief of Surgery and president and chief executive officer of the Massachusetts General Physicians Organization; Robert Colvin, MD, chief of Pathology; Patricia Donahoe, MD, chief of Pediatric Surgery; John Parrish, MD, chief of Dermatology; Isaac Schiff, MD, chief of Vincent Memorial Obstetrics and Gynecology; and Warren Zapol, MD, chief of Anesthesia.

All fellows, trainees and junior faculty members are invited. Though the series focuses on women in science, the sessions should be valuable to all junior faculty. For more information, contact Penny Ford-Carlton at 4-3568.

Garage elevator modernization

During the next few months, the elevator controls in the Fruit Street and Parkman Street garages will be refurbished. One elevator will be out of service at a time during the business day. Employees who are able to are encouraged to use the stairs, allowing patients and visitors greater access to working elevators.

Travel expense changes

Learn more about new travel expense procedures at sessions sponsored by the Fiscal Affairs Policies and Procedures Task Force:

Monday, Nov. 21
MGH East, 7th floor
10:30 to 11:30 am

Tuesday, Nov. 22
Wellman Conference Room
2 to 3 pm

Contact one of the following task force members with any questions by phone or e-mail: Shelley Turok at 4-9784, Barbara Jo Geary at 6-2142 or Ann Dattman at 6-6970.

Need some help staying smoke-free?

MGHers who made it through yesterday's "Great American Smokeout" and would like some extra help to stay smoke-free, as well as those who didn't quite make it but want another chance to kick the habit, have several options for help right where they work.

The Employee Health Service offers free individual smoking cessation counseling. This low-intensity program includes help cutting down, setting and preparing for a quit date, and stress reduction techniques. To make an appointment, call EHS at 6-1625.

The MGH Quit Smoking Service offers more intensive individual counseling and an 8-week group program. Participants in these options, which do have a modest fee, may also receive a nicotine patch prescription. The next group session begins in January, and preregistration is required. For more information, call the Quit Smoking Service at 6-7443.

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November 25, 1994

MGH HOTLINE

Sharing the benefits of cost reduction

SAVING MONEY is never easy. It takes time, thought and effort — and strong incentive.

On a personal level, that incentive can easily be found in a crushing mortgage payment or the shiny chrome of a new car. But in the workplace, incentives to save money for an institution may be hard to find — until now.

Through a plan developed by the Fiscal Year 95 Wage and Benefit Task Force, cash bonuses will be awarded to teams of employees who can document cost-saving innovations.

For example, three employees from different departments work together in a particular area or process. Together, they examine their work and realize that they can eliminate two vacant positions by streamlining their procedures with the purchase of three personal computers. By saving the hospital a total of $66,000, (salary and fringe benefits for two vacant positions = $72,000 minus $6,000 for the three computers), each member is eligible for a $100 reward.

The MGH has set aside $500,000 to fund the incentive program, which will reward as follows:

Financial improvement	Team member payout*	Team payout maximum
$1 million+	$2,000	$40,000
$500,000 to $1 million	$1,000	$20,000
$250,000 to $500,000	$500	$10,000
$100,000 to $250,000	$200	$4,000
Less than $100,000	$100	$2,000

*If there are more than 20 members on a team, award amount will be adjusted.

"We hope to personally involve all employees in supporting the hospital's cost reduction and revenue improvement goals by providing real incentives for everyone," says Jeff Davis, senior vice president for Human Resources and Continuous Improvement. "Implicit in the plan are the principles of maintaining or improving the quality of care and service that we give to our patients as well as encouraging teamwork and resourcefulness."

All employees are eligible to participate in the program except senior vice presidents, vice presidents, chiefs of service, principal investigators and department heads. The program does not apply to employees of Spaulding and McLean hospitals.

Teams initiating cost reduction or revenue enhancement projects should inform and consult their department supervisors. Upon completion of a project, team members must document their efforts through a brief narrative including a list of team members and their unit numbers. The reward request should then be directed to Rewards Review Panel, c/o Maria Sacco, Wage and Salary Office, M01506. The request will

(Continued on Page 3)

A message from Samuel O. Thier, MD, President

I AM WRITING to update you regarding recent conversations between the Massachusetts General Hospital, Partners HealthCare System and Children's Hospital. Administrators, along with the medical leadership of the Children's Service at the MGH and their colleagues at Children's, have been exploring the possibilities of a more formalized relationship and the potential benefit to the region's pediatric patients.

After much consideration, we have mutually agreed to suspend any further discussions for the time being. While the possibility of revisiting our conversations at a later date still exists, for now we will independently plan for the futures of our respective institutions and pediatric programs.

As you are aware, the MGH and Partners HealthCare System are involved in a number of ongoing discussions with area providers. We are actively pursuing our goal of developing a premier health care delivery system that best serves the region's existing and future medical needs. By better integrating the health care services of primary care physicians, community-based hospitals, specialists and ancillary services, we will assure our patients access to a continuum of the highest quality medical care available.

As discussions continue to unfold, we will keep you informed of the latest developments.

In general

Roman DeSanctis, MD, director of Clinical Cardiology, was one of six people to receive the title Commander of the Order of Ouissam Alaouite from His Majesty Hassan II, King of Morocco. During a celebration in Casablanca marking the King's 65th birthday, DeSanctis was honored for assisting the Moroccan government in the development of a national cardiology program.

Andrew Guccione, PhD, PT, became director of Physical Therapy Services Oct. 13. He had been director of Quality Assurance, Research and Education in Physical Therapy Services since 1991. Before that he was assistant professor of Medicine at Boston University.

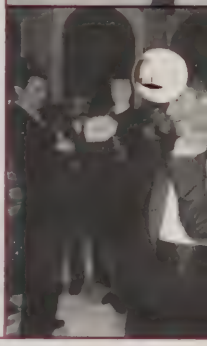
Lynn Sullivan, RRT, Respiratory Care Services, was named Respiratory Care Practitioner of the Year Oct. 27 by The Massachusetts Society for Respiratory Care.

Catherine Robbins, MGH senior vice president for Administration and Finance, received the Leadership Award to Women in Business from The New England Council Nov. 17. "I am very grateful to the MGH for giving me the many opportunities I have had during my career here," Robbins says. "It is a privilege to receive such a recognition as this." The awards were presented to 12 New England businesswomen by Donna Shalala, U.S. secretary of Health and Human Services, at the Sheraton Boston Hotel. The New England Council is an organization of businesses and institutions that identifies and supports public policies that will stimulate long-term, sustained economic growth in New England.

Catherine Robbins

A fete for Friends

After an elegant cocktail buffet in the Winter Garden Nov. 17, guests headed into the festive F.A.O. Schwarz toy store to stock up on goodies for the children in their lives while raising funds for the MGH. The well-attended annual event, the second sponsored by the MGH Friends of the Cancer Center, helped raise funds for MGH pediatric oncology patients and their families, Halcyon Place and other Friends projects. In addition, the event brought renewed energy and new people into the Friends fold.



Radiation safety programs score high marks

THE U.S. Nuclear Regulatory Commission recently gave the MGH's Radiation Safety Program a clean bill of health after an unannounced inspection. After a week-long visit late in October, federal investigators awarded the highest marks to hospital safety procedures involving the use of radioisotopes in both research and clinical activities as well as the disposal of radioactive wastes.

This is the third consecutive year in which inspection of the hospital's research programs achieved perfect scores and the second time in three years that its clinical programs did so.

"While one careless act by an individual can result in disaster, it takes a concerted effort by each of our 3,200 radiation workers to command a perfect inspection," says Maryanne Spicer, MGH director of Corporate Compliance. ●

MGH HOTLINE

— *Sharing the benefits*

(Continued from Page 1)

then be reviewed by the Rewards Review Panel for a final decision.

Members of the Rewards Review Panel are: George Baker, MD, assistant general director of Medical Affairs; Bill Banchiere, director of Environmental Services; Cathy Franklin, RN, nurse manager, Ellison 11; Mary Lahey, director of Health Information Management; Miki Marino, administrative director of Radiology; Trina Oswald, director of Occupational Therapy; David Romagnoli, assistant director of Respiratory Therapy; Nancy Stark, financial manager, Pathology; and Joan Arsenault, assistant director of Speech Language Pathology (alternate).

For more information or a group presentation by a Rewards Review Panel member, please contact Maria Sacco at 6-5142. ●

Research

Gene therapy destroys brain tumors in animals

MGH researchers have made important progress toward developing a gene therapy approach to brain cancer. In a report published in the Nov. 15 issue of *Cancer Research*, E. Antonio Chiocca, MD, PhD; Xandra O. Breakefield, PhD; and others describe how a mutated version of the herpes simplex virus (HSV), combined with the antiviral drug ganciclovir, destroyed malignant brain tumors in rats.

The version of HSV used in this research was altered so that it could reproduce only in dividing cells; in the brain, the only such cells would be cancer cells. When the mutant virus is injected into a tumor, its genetic material — including genes for an enzyme called TK — becomes incorporated into the genetic material of the tumor cells. The presence of TK renders the tumor susceptible to ganciclovir.

In the MGH study, almost half the rats who received both this mutant HSV and ganciclovir appear to have been cured of brain tumors that otherwise would have been fatal. The researchers caution that the technique is one or two years away from human trials.

Minority nurse committee offers $1,000 scholarship

THE MGH Minority Nurse Retention and Recruitment Committee (MNRRC) is offering a $1,000 scholarship toward a degree in nursing. The successful applicant must be a minority MGH employee in good standing, an active member of the MNRRC committed to its philosophy, and have proof of acceptance into an approved nursing program as of September 1994. The MNRRC must receive applications by Dec. 19. The scholarship will be awarded no later than Jan. 1, 1995. For more information, call 6-5000, ext. 133-5656.

The MNRRC is also holding a membership drive Dec. 2 from 3 to 7 pm in the Walcott Rooms. The informal reception will be an opportunity meet members of the MGH minority nurse community and learn more bout the goals and philosophy of the MNRRC. ●

November 25, 1994

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Mind-body medicine workshop

Techniques used in conjunction with conventional treatments are the focus of "The Quantum Level of Health," the Third Annual MGH Mind-Body Medicine Workshop. The workshop will be Dec. 1, 7:30 am to 4 pm, and is open to health care providers and community members for an $85 fee. CEUs are available for nurses and pharmacists. Call Maureen Spencer MEd, RN, at 6-3076 for more information.

MGH calendars

The 1995-1996 MGH calendars, which list holidays the hospital observes, can be picked up at the MGH Post Office or the Payroll Office starting Dec. 1.

Gift wrap sale

The Marjorie K. Ionta Committee will sell gift wrap, ribbons and accessories in the WACC Lobby Dec. 1 from 10 am to 3 pm. Proceeds support physical therapy research and education.

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and Public Affairs

Wendy Matarazzo
Jeff Wdow
Editors

Extension 6-2206
FAX 6-7475

Open house at new home for Nutrition Service

To celebrate their move to Two Emerson Place, the MGH Nutrition Service will host an open house and light lunch Monday, Dec. 5, 11:30 am to 2:30 pm.

Bank-at-Work representatives to visit the MGH

Representatives of the Bank of Boston will be at the MGH during December to distribute information about Bank-at-Work benefits. Bank representatives will be on site:

Tuesday, Dec. 6
6:30 am to 5 pm, Gray Lobby

Wednesday, Dec. 7
7:30 am to 5 pm,
CNY West Lobby

Thursday, Dec. 8
6:30 am to 5 pm, Gray Lobby

Employees may sign up for the program, which includes several free or reduced-fee banking services, if they have their paychecks directly deposited into Bank of Boston accounts. Those unable to stop by at these times can get information or open an account by calling 1-800-252-6000 and asking for a Partners HealthCare representative. Assistance is available from 8 am to 9 pm, Monday through Friday, and from 9 am to noon Saturday.

Critical blood shortage

FOR THE PAST TWO MONTHS the MGH Blood Bank, like many nationwide, has not been able to maintain a sufficient supply of blood components. As the holidays approach, the situation is likely to deteriorate further with the combination of an increase in need and a further decrease in donations as people get busy with their holiday and vacation activities.

Although there is a severe demand for "O" types at this time, all types are asked to donate.

Hospital policy allows employees up to an hour off with pay to donate blood. However, employees are encouraged to coordinate any time away from their work areas with their supervisors.

The Blood Donor Center is open Monday to Thursday, 8:30 am to 7:30 pm, and Friday, 8:30 am to 4:30 pm. To avoid waiting and limit time away from work, call the center at 6-3620 to find out if there is a line.

Merging and moving

The Utilization Management/ Quality Assessment Office and Clinical Practice Unit have merged to form the Clinical Practice Evaluation and Management Unit. The new unit is on Founders House 7 and can be reached at 6-3665.

Winter blues can be serious

For those who have thought their bouts with the winter blues were more intense than might be healthy, the Bipolar Research Program could help. Gary Sachs, MD, program director, is running a study for patients with Seasonal Affective Disorder (SAD). People who suspect they may be suffering from SAD can call Holly or Christine at 4-6545 for an initial phone screening, which may lead to an in-person diagnostic screening. Eligible patients who are diagnosed with SAD will be offered a free trial of phototherapy (light therapy) for up to six weeks. Research has indicated that phototherapy can be an extremely effective treatment for SAD. Since light boxes can cost up to $400, participating in a research protocol is one way to try the therapy before buying a light box.

December 2, 1994

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Obstetrics in the health centers

Building on community strengths

WHILE health services for expectant mothers may be news on the MGH main campus, prenatal care is long established at the hospital's community health centers in Charlestown, Chelsea and Revere. As long as the centers have been in operation, prenatal and obstetrical services have been offered in cooperation with local hospitals.

With the opening earlier this month of the hospital's labor and delivery facilities, obstetrical services at the health centers are becoming part of the MGH Mother and Child Center. While some patients with established pregnancies are still being cared for by non-MGH obstetricians and midwives, all new patients, as well as those who have chosen the hospital's program in recent months, will be having their babies at the MGH. The gradual transition process builds on the centers' existing strengths — the knowledge and skills of the staff members and their long-term relationships with local communities.

"The nurse practitioners who provide prenatal care in the centers do an excellent job," says Alessandra Peccei, MD, who provides obstetrical care for health center patients. "They have established programs that meet the specific needs of the populations they serve, and in the future we hope to enhance those programs by bringing greater awareness of those needs back to the MGH."

In addition to obstetrics, Peccei and her colleagues will be providing health center patients with complete gynecological care.

The largest program, averaging 250 births a year, is at the Chelsea Memorial *(Continued on Page 4)*

Isabel Aviles (right), clinical practice assistant at Chelsea Memorial Health Center, measures and weighs Magaly Vargas during her first prenatal care visit.

Partners progress:

Physician task force achieves goals

ONE OF THE original Partners task forces, the Physician Participation Task Force, has announced that it has accomplished its goals and has determined that it no longer needs to meet.

The Physician Participation Task Force, chaired by W. Gerald Austen, MD, MGH surgeon-in-chief, spent nine months this year working to establish compatible, complementary physicians organizations at the MGH and BWH. The task force also sought to open lines of communication among physicians at each hospital and between physicians and Partners leadership.

Early on, this task force focused on informing physicians about the market conditions that precipitated the affiliation and the objectives of such a partnership. Simultaneously, communication between the BWH and the MGH staffs was encouraged, from casual exchanges to more formal group meetings. Austen acted as a liaison between the Physician Participation Task Force and Partners leadership.

Because the MGH was in the midst of developing a unified physicians organization, the Physician Participation Task Force members worked to ensure that any new MGH physicians structure would be compatible with those in place at BWH. In August, the Massachusetts General Physicians Organization (MGPO) was established to contract with managed care entities and accept *(Continued on Page 2)*

New treatment for emphysema

UNTIL RECENTLY, few treatments have been available to people with emphysema. Now, patients in the Northeast are being given a second lease on life thanks to a new surgical procedure being offered at the MGH.

According to Thoracic Surgeon Hermes Grillo, MD, the procedure involves surgically reducing the volume of the inflated lung by trimming away the worst parts of the organ. Trimming the tissue allows the chest wall to return to its normal size, the diaphragm and elastic tissue to perform properly, and the lung to re-expand and function more efficiently.

And the results have been dramatic. Joan Rebidue, age 58 of Groveland, arrived at the hospital at the end of April dependent on oxygen 24 hours a day and unable to walk more than 10 feet without resting. Three months after surgery, she was shooting down a waterslide at Water Country in Portsmouth, N.H. Later, she returned to her job as a bookkeeper, working four days a week.

Grillo performed the first such surgery at the MGH in early April. Since then, he and surgeons Douglas Mathisen, MD, John Wain, MD, and Cameron Wright, MD, have performed 10 additional operations. Although the duration of improvement for patients is as yet unknown, the procedure shows great promise.

The surgical procedure was originally performed by Otto Brantigan, MD, in the 1950s. Because his work was done without taking measurements and had a high associated mortality and complication rate, the procedure was given relatively little attention at the time. About a year and a half ago Joel Cooper, MD, of Washington University in St. Louis, revisited Brantigan's theory, revived the procedure and began seeing remarkable results. Cooper, who trained at the MGH, is best known for his pioneering work in lung transplantation.

Across the country, the procedure has improved most patients' conditions. The criteria for patient selection are still being refined.

New form to streamline adm

A NEW admission assessment form promises to streamline the admitting process and enhance the availability of accurate patient assessment information.

The form is called SF-36 Plus. It is a combination of an MGH-specific questionnaire and Short Form 36, a standardized assessment tool used by the Academic Medical Center Consortium (AMCC) to gather information on hundreds of thousands of patient admissions nationwide each year. The MGH is one of 11 institutions that comprise the AMCC, which seeks to improve health care delivery through health services research.

"At the MGH we base our nursing care on functional health patterns, so we added a section to help assess patients based on our specific functional parameters," says Mandi Bulette, RN, manager of the Preadmission Clinic, and a member of the MGH task force that developed the form's additional section.

The form is currently being piloted on eight units and is expected to be available for general use in January. "Initial assessments will be streamlined because the form is completed by

— *Partners progress: Physician task*

(Continued from Page 1)

risk as well as be the home for the MGH group practices. In October, Austen was appointed president and chief executive officer of the MGPO.

In contrast to the MGH's new single organization, most of BWH's nine departments have independent physician foundations that are led by the chiefs of service. A central Managed Care Committee, chaired by Lee Goldman, MD, chief medical officer, and consisting of representatives of each department or contracting constituency, primary care and the private staff, then reviews and approves all contracts for BWH and its physicians. BWH is in the process of forming a Physician/Hospital Organization that will be responsible for this managed care contracting function.

In addition to realizing its specific goals, upon its disbandment the Physician Participation Task Force recommended to the Partners Operating Committee that the leaders of the two physicians organizations continue to collaborate and learn from one another. A joint committee with representatives from the MGH and BWH physicians groups will

MGH HOTLINE

ssion assessments

patients, eliminating the need for a nurse to go through each question verbally," Bulette says. "For most patients, nurses will simply validate the information provided."

Because it provides information relevant to various other disciplines involved in patient care, the form is expected to benefit physicians, dietitians, physical and occupational therapists, social workers and others, as well as nurses.

"Our plan is to make the assessment process even more efficient in the future by computerizing the analysis of completed forms," says Ginny Dolan-Horgan, RN, of the Clinical Practice Evaluation Unit. "When the time-consuming task of manual analysis is eliminated, not only will nurses be able to provide essential care sooner, they will be able to obtain services patients need from other disciplines faster because such needs will be managed immediately. Additionally, automation will enable the MGH to create a follow-up process by which the effectiveness of the care provided during a given admission can be quickly and easily evaluated." ●

rce achieves goals

be created to accomplish this. The task force also recommended that in addition to developing and expanding primary care, Partners continues to foster both specialty and tertiary care, as well as centers of excellence.

"The continuation of the clinical and academic missions of our hospitals will require major changes in the way we currently practice," says Austen. "But the evolving system of care and its associated infrastructure must be driven by the needs of the patients and must be sensitive to and led by the physician community. We believe that the task force's efforts have created the framework that we can use in the months and years ahead."

Joining Austen on the task force were, from the MGH: Robert J. Boyd, MD; John Levinson, MD, PhD; John T. Potts, Jr., MD; James H. Thrall, MD; and Charles H. Weiss, MD. Members from BWH were: Lawrence H. Cohn, MD; Simon Gelman, MD; Steven E. Seltzer, MD; Lawrence N. Shulman, MD; Clement B. Sledge, MD; and Michael E. Weinblatt, MD. ●

Celebration with heart

The MGH Cardiac Transplantation Program celebrated the discharge of its 100th heart transplant patient Nov. 9. David Krak, 53, of Syracuse, N.Y. (right), received his new heart Oct. 27. Joining the celebration were John Scripter, MGH's first heart transplant patient in 1985, and staff members of the MGH Cardiac Transplantation Program.

Partners accepts patients with Peace of Mind plan

PARTNERS recently announced that the MGH and BWH will participate in the Fallon Health Plan's Peace of Mind program. The Peace of Mind program allows Fallon plan participants to receive their specialty care at four Boston hospitals — the MGH, BWH, Children's Hospital and the Dana-Farber Cancer Institute — without a primary care referral and at no additional cost. The Fallon agreement, which will become effective Jan. 1, is intended to address the concern expressed by some consumers that HMOs are too restrictive in providing access to specialists.

"Partners is very pleased to be offering physicians at its two founding member hospitals the opportunity to care for Fallon members through the Peace of Mind program," says Ellen Zane, Partners vice president and Network president. "At a time when most plans are narrowing access to specialists, the Fallon plan represents an excellent opportunity to welcome new patients into the Partners system."

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MGH HOTLINE

— Building on community strengths

(Continued from Page 1)

Health Center. Originally the program was operated by staff members from another hospital. But five years ago Martha Nencioli, MSN, obstetrics/gynecology nurse practitioner, came on board as a full-time MGH employee. She and her colleagues have made obstetrics an integral part of the center's services. Most of the Chelsea staff is bilingual, reflecting the large Spanish-speaking population in the community.

"One of the things that is unusual about our practice here is that it is a collaboration involving a nurse practitioner, who is always in the center, midwives, and the obstetricians who care for high-risk patients," Nencioli says. That model, which is continuing, provides access to sophisticated specialty care when needed while meeting most patients' needs through advanced nursing services.

As part of the transition, Pat Jackson, CNM, one of the MGH midwives, is now spending one day a week seeing patients at Chelsea. "The health center staffs are really tuned in to their communities," she says. "They provide us with invaluable help in learning more about the needs and concerns of the patients in those areas."

While Chelsea is currently the only health center offering midwifery services, it is hoped that midwives eventually will practice at the other centers as well.

Access to such aspects of the hospitalwide program as parenting and childbirth classes and visiting nurse services should enhance care for health center patients, notes Toni St. Germain, RNP, the nurse practitioner providing prenatal services at the Bunker Hill Health Center in Charlestown. She adds that these services are particularly important for the teenage mothers who make up a significant percentage of Bunker Hill patients.

Jo Birdsey, MSN, RNP, the nurse practitioner at Revere Health Associates, says that comprehensive obstetrical services are delivered in conjunction with primary care and sensitivity to the cultural diversity of the communities served. For example, the Revere center has an active group of interpreters to help serve that city's large Cambodian population.

"Many of the patients I see tell me they are excited to have the chance to have their babies at the MGH," Peccei says. "We're all delighted about the contributions the health center staff members are making to our new service." ●

What's Happening

Toastmasters

Practice public speaking in a comfortable environment with the MGH Toastmasters. The next open meeting is Dec. 12, 5 to 6 pm, East Cafeteria. For more information, contact Judy Manola at 6-2545.

MGH Hotline
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Wendy Matarazzo
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Last part of JCAHO survey begins next week

Though a major portion of the survey by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) was completed by early October, the Clinical and Anatomic Laboratory visit is scheduled for Dec. 8 to 16.

Partners research symposium

The second symposium sponsored by the Partners Research Task Force will be held Tuesday, Dec. 13, at BWH. Co-chaired by Mason Freeman, MD, of the MGH, and Christine Seidman, MD, of BWH, the symposium is entitled "Molecular Pathogenesis of Disease." The program begins with lunch at noon and a poster session from 12:30 to 2 pm in the Carrie Hall Conference Center. Six researchers, representing both institutions, will give presentations in the Bornstein Family Amphitheater from 2 to 5 pm. The first Partners symposium was held at the MGH Nov. 21.

Buses will take MGHers to the symposium. For exhibitors, a bus will leave CNY at 10:30 am and from the Gray Lobby at 10:45 am. For all others, buses will leave CNY at 11:15 am and from the Gray Lobby at 11:30 am. Return buses will depart from the Peter Bent Brigham entrance of BWH at 5:15 pm. For more information, call Research Affairs at 6-3651.

December 12, 1994

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December '93 goals pay off for Partners and patients

ONE YEAR AGO, health care reached a historic milestone with the announcement by the MGH and BWH of their intention to affiliate. H. Richard Nesson, MD, BWH president, and J. Robert Buchanan, MD, then MGH general director, told reporters at a news conference Dec. 8, 1993, that their goal was to build a high-quality, efficient, health care delivery system in partnership with community-based primary care providers and leading managed care companies throughout eastern Massachusetts. By working together, the leaders stated, the organizations would be better able to preserve the patient care, research and teaching missions of the hospitals while controlling costs.

In March, the affiliation became a reality called Partners HealthCare System, Inc., and its founding institutions have made significant progress toward achieving the goal of maintaining a standard of high quality while reducing costs.

Together, Partners, BWH and the MGH have saved $47 million toward a three-year goal of reducing costs by $240 million while maintaining an unwavering standard of high-quality patient care. Both the MGH and BWH continue to be ranked among the best hospitals in the country in delivering care.

About $45 million of these cost reductions were reached through hospital-based measures: the MGH and BWH have realized savings of $25 million and $20 million, respectively. Measures initiated by Partners, including the consolidation of the two hospitals' treasuries, have led to a combined annual savings of $2.5 million.

"We have relied on the hard work and determination of employees and staff at both hospitals to achieve significant cost savings," says Catherine Robbins, MGH senior vice president for Administration and chief financial officer. "Ingenuity and continued collaboration are vital to Partners' ability to ensure top-quality care in a cost competitive environment."

According to Jeffrey Otten, chief executive officer of BWH and chairman of Partners Cost Reduction Task Force, much credit goes to the clinicians, administrators and finance professionals participating on joint cost reduction teams. These teams are charged not only with reducing costs across both institutions but also with maintaining and improving quality and patient care in the process.

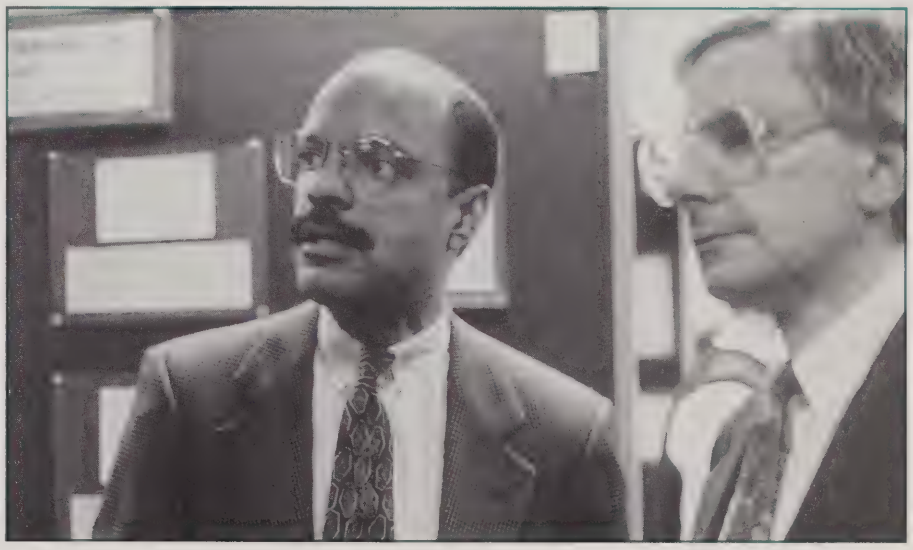
"Our first round of cost reduction teams, Cardiac Catheterization, Central Sterile Supply, Drug Therapy and Materials Management, are moving forward at an impressive pace," Otten says. "We are already seeing methods being developed that make more effective use of our financial and material resources."

According to Otten, primary savings will continue to come from standardizing materials and processes used at both institutions and, in turn, negotiating with suppliers to contract the best possible price.

Cost reduction teams

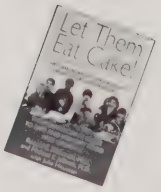
The Materials Management Project Team, chaired by John Gaida, BWH vice president of Support Services, has cut

(Continued on Page 4)



Winfred Williams, MD, of the MGH Renal Unit (left), and David Golan, MD, a hematologist/oncologist at BWH, view the poster session at the first Partners Research Symposium. The Nov. 21 event, held at the MGH, was the first of three sponsored by the Partners Research Task Force and drew more than 200 attendees.

MGH physicians: Let them write books



FOR an academic medical center, books for the lay audience are less frequent than research papers, press releases and magazine articles as a method of disseminating the vast store of medical knowledge represented by the MGH. So it may seem unusual that two such books have recently been published: *Let Them Eat Cake: The Case Against Controlling What Your Children Eat* by Ronald E. Kleinman, MD, chief of Pediatric Gastroenterology and Nutrition, and Michael S. Jellinek, MD, chief of Child Psychiatry, and *Conquering Heart Disease: New Ways to Live Well Without Drugs or Surgery* by Harvey B. Simon, MD, of the Department of Medicine and the MGH Preventive Cardiology Program.

Let Them Eat Cake tackles the knotty dilemma of children's nutrition and how parents might deal with the age-old problem of cake and ice cream versus broccoli and Brussels sprouts. The authors support their dos and don'ts with medical facts regarding children's growth patterns and eating habits and how they are perceived by parents. Problem eating situations, feeding interactions, conflicts that both adults and children have over food and the warning signs of eating disorders are all covered in detail. Perhaps one surprising conclusion: Unless a child is on a medically restricted diet, there should be no forbidden foods.

"The medical evidence is clear on this point," says Kleinman. "So long as kids eat a variety of foods during the day — including fruits and vegetables — they are likely to have satisfied their nutritional needs. We'd like to encourage parents to take the long view, relax, and avoid managing their kids' eating habits minute by minute, meal by meal or food by food. Problems begin, often, when parents try too hard to force children into particular eating behaviors."

Let Them Eat Cake is published by Villard Books and is available in hardcover at the MGH General Store for $19.95.

Conquering Heart Disease: New Ways to Live Well Without Drugs or Surgery provides the latest information on America's leading killer and offers a program for control and prevention that does not include drugs or surgery. Simon makes it clear that patients need to take responsibility for their health.

"Heart disease does not have to be the killer it is," he says. "Every day I see people who are ceding responsibility for their lives to high-tech surgery and drugs. It's not that they want to, it's just that they don't have the knowledge to be able to take care of themselves effectively."

His book offers that knowledge. Among his 15 ways to conquer heart disease, each a chapter in the book, are discussions of smoking, dietary fat

Technology Payoff: Health Care Strategies

TECHNOLOGY is often seen as the villain in rising health care costs — a paradox when compared with other industries. While technology sometimes increases the cost of health care, it usually reduces the cost of doing business in industry.

To examine this issue fully, more than 100 local and national leaders in science and technology, the MGH and BWH gathered at the Royal Sonesta in Cambridge to share ideas about how technology can reduce health care costs.

"In both the manufacturing and service industries over the last five years, technology has been critical to economic success," says Ronald S. Newbower, PhD, senior vice president for Research and Technology. "It has been used in a variety of ways to increase customer satisfaction and decrease cost. Yet progress for technology to reduce costs in the health care sector has been frustratingly slow."

Entitled "The Technology Payoff: When Will It Come to Health Care?" the conference was built around successful MGH industrial alliances that have developed patient care technologies that are both cost effective and beneficial. A technology fair featured a dozen of these success stories including teleradiology, flexible monitoring, ambulatory monitoring, interactive video applications, and the new MGH obstetrics patient-care information system. Interactive sessions around such themes as the clinical laboratories and information technology led to lively discussions.

The workshop was also intended to help keep MGH in the forefront in using technology to reduce costs and increase efficiency. According to Newbower, one area that needs to be explored further is the technology and technological expertise

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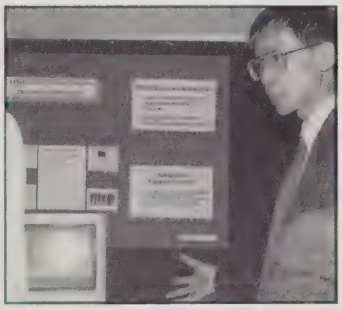
and cholesterol, exercise, blood pressure, aspirin, dietary fiber, antioxidants, niacin, chromium and stress control. The book also features self-assessments and explanations of the benefits and risks of medical tests and medications, should medical intervention become necessary.

Conquering Heart Disease is published by Little, Brown and Company and is available in hardcover at the MGH General Store for $24.95. ●

available in the national laboratories. Representatives from groups as the Sandia National Laboratories, the Lawrence Livermore Laboratories and the Draper Laboratory (an offshoot of MIT) attended, providing information on technological systems already developed in conjunction with MGH staff.

Speakers included Samuel O. Thier, MD, president of The Massachusetts General Hospital, who discussed the challenge that hospitals face in effectively using technology; Richard R. Crater, CEO of the General Hospital, and Jeffrey Otten, CEO of BWH, both of whom described the values of the MGH/BWH affiliation and the opportunities for technology to assist in achieving Partners' goals; and Newbower, who focused on the obstacles that must be overcome to make industrial alliances work more effectively.



Stephen Ng, PhD, a presenter at the symposium

Information from the workshop, which was organized by Newbower and a team from Research and Technology Affairs and Biomedical Engineering, will help better define strategies for future uses of technology and for forging more alliances. Discussions are continuing on many fronts as the MGH seeks opportunities to realize cost-effective benefits of technology.

John D. Stoeckle, MD, presented "Primary Care: Its Past and Future" to the Massachusetts Medical Society's policymaking body, the House of Delegates, Nov. 19. The Massachusetts Medical Society publishes *The New England Journal of Medicine.*

Thomas Fitzpatrick, MD, former chief of Dermatology, and **Anne Young, MD,** chief of Neurology, were elected to the Institute of Medicine of the National Academy of Sciences Oct. 17.

Partners HealthCare System, Inc. announced that **Kenneth Paulus** has been named chief operating officer of its network-development arm, Partners Community HealthCare, Inc. Ellen Zane, Network president for Partners, writes, "Ken's background and experience represent a unique combination of the operating attributes that the Partners HealthCare System network seeks as it looks to build its infrastructure. We are fortunate to have attracted such a qualified candidate." Most recently, Paulus was COO of the group practice program at Alta Bates Medical Resources in Berkeley, Calif.

Partners also announced that **Dick Keyser** has agreed to continue for two years as network consultant. Keyser will be responsible for network development activities, including those associated with primary care development at BWH and the MGH.

Thanks to the skill of plumbers — and putters — **Bill Coose** and **Jay Malone,** the coveted Buildings and Grounds Cup will reside in the Plumbing Shop for the next year. The Plumbing Shop team won the Buildings and Grounds Annual Fall Golf Classic Oct. 8 at the Brook Meadow Country Club in Canton.

Get ready for the holidays!

The MGH General Store staff will work into the wee hours Friday, Dec. 9 and Thursday, Dec. 15 to make holiday shopping at the MGH available to all employees. Those nights, the store will open from 10 pm to 12:30 am., and on Saturday, Dec. 17, from 6 to 9 pm.

During those hours, a 20 percent discount will be offered to all employees along with refreshments and holiday music. VIP sales associates will help shoppers choose that special gift. Drop by and register for a chance to win a free gift.

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What's current

Preparing for the holidays

The Employee Assistance Program, with Employee Health, Dietetics, Pharmacy, Nursing, and Police and Security, will host a holiday information table Wednesday, Dec. 14, 11 am to 2 pm and 4 to 5 pm in the Main Cafeteria. Information will be available on managing the financial crunch, dealing with excesses of food and drink, coping with loneliness and maintaining safety. Attendees may also take a free stress test.

Gay/Lesbian/Bisexual Alliance

The Gay/Lesbian/Bisexual Alliance, sponsored by Human Resources, will meet Friday, Dec. 16, noon to 1 pm, Bartlett Hall Extension, Conference Room C, 3rd Floor. Formed to address employment, benefits, employee awareness and community relations, the group is open to all interested employees. For more information call 6-5687.

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Blood vessel

Aboard the MGH blood donor mobile unit, George Chappell, phlebotomist trainer in the MGH Blood Bank, collects blood from Holly Strogoff, of the Brigham Physician Group, during a blood drive jointly sponsored by the MGH and BWH. More than 27 units were collected during the Nov. 28 drives at one of BWH's satellite locations and at Varian Associates in Lexington.

— Partners progress: December '93 goals pay off

(Continued from Page 1)

costs by $430,000 by consolidating the purchase of materials used at both hospitals. The team has developed a plan for adoption at both hospitals of the practices and methods that are demonstrated to be the most efficient and appropriate.

By doing so, the group plans to reduce annual expenses by more than $21 million by January 1997. Under consideration is the standardization and utilization of equipment and supplies at both hospitals.

John Remensnyder, MD, of the MGH, chairs the Central Sterile Supply Team, which has been moving rapidly to standardize sterilization and usage of operating room instruments. The team expects to submit its first progress report before year end.

The Drug Therapy Team, chaired by BWH's Jerry Avorn, MD, has developed aggressive joint purchasing and contracting methods that have achieved more than $800,000 in savings across both institutions. The team will continue to examine joint contracting and pricing for distribution and utilization of pharmaceuticals.

The Cardiac Catheterization Team, chaired by Thomas Lee, MD, of BWH, credits approximately $230,000 in savings to astute pricing practices. The team is working toward an overall cost reduction goal of $1.5 million. One method to help achieve this goal is a program that will reduce the amount of time angioplasty patients remain in the hospital. Lee says team members are very excited about their contributions and the possibilities for the future. "The work being undertaken by the cath team shows that clinicians are ready to step up to the challenge of helping our institutions be competitive, while emphasizing a high standard of care. Clinicians see this as both important for their future and an intriguing outlet for their creativity."

The first round of cost reduction teams will continue to identify savings as part of the cost reduction effort, and a second round of teams will be established in the next few months. The new groups will include telecommunications and product teams, which will research the standardization and use of products across the institutions. The latter teams are being developed based on the research of the Materials Management Team.

December 16, 1994

MGH HOTLINE

Strategic planning guides new programs

TWO EFFORTS spotlighted in this issue — the Service MGH Program and the ground-floor renovation of patient care buildings — are outgrowths of the hospital's strategic planning process. As a follow-up to a retreat held in October, members of the hospital's senior management — vice presidents, chiefs of service, and key staff members — attended a strategic planning workday Dec. 9. Among highlights of the day were the adoption of mission and values statements to guide the hospital's future planning, discussion of guiding principles that address specific areas of focus, and development of a plan to communicate to all employees how the MGH must prepare for the future. Details about the strategic planning process will appear in an upcoming *Hotline*.

Changing the main campus landscape

AS THE FIRST STEP in a plan that would radically change the existing ground floor of the MGH main campus, two venerable landmarks of the hospital's interior landscape are scheduled to combine and move to new quarters at the end of January.

The new MGH General Store and Flower Shop will be located on the ground floor of the Blake Building — a bit more than halfway down the corridor leading from the current General Store to the Warren Lobby. The new space is a dramatic expansion of the cramped quarters the two stores now occupy, from 1,200 to 3,800 square feet.

"The new store will be bigger and better than ever," says Linda Williams, director of Ladies Visiting Committee Retail Shops. "The new space will offer patients and employees a pleasant place to shop, and it will enable us to offer a greater variety of goods and services."

The move is preliminary to a major ground floor renovation project that has recently been proposed by a group of senior administrative and clinical staff, outside architects and consultants, and the MGH Office of Planning and Construction. The proposal is one recommendation resulting from an ongoing process to establish a strategic facilities plan for campus buildings and the

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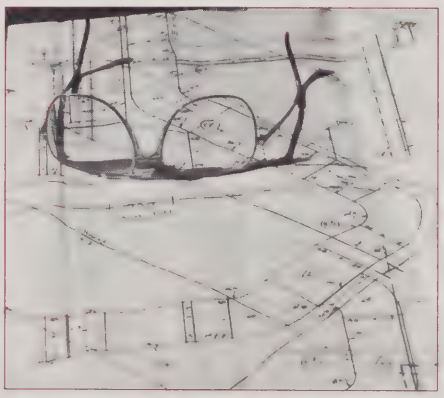

Service MGH: It's about people

BY THE END of 1995, one-third of all MGHers will have completed the new Service MGH Program, a training effort designed to ensure patient, employee and staff satisfaction and good service. What makes this program such a priority for the MGH?

While the institution's commitment to patient care, research and teaching remains constant, how it fulfills these commitments has changed. New priorities are setting the agenda: building an integrated health care network, remaining cost competitive and treating "customers" better. For external customers — primarily patients — that means treating current patients in a way that enables the MGH to retain them, and attract new ones. For internal customers — other MGHers — that means making the MGH a place where top-notch people want to work, despite the increasing and changing demands.

The Service MGH Program is a comprehensive effort designed to make patients' experiences positive at every level.

"When people talk about our becoming a patient-focused hospital, it can make you stop and ask, 'What have we been all these years?'" says Jeff Davis, senior vice president for Human Resources and Continuous Improvement and chair of the hospital's Continuous Improvement Steering Committee, which oversees the Service MGH Program.

"Though the MGH has always provided great care, we have not always seen the process of delivering that care

(Continued on Page 2)

Annual report: Dec. 8 marked the first anniversary of the announcement that the MGH and BWH intended to affiliate. To commemorate the occasion, members of senior management from the MGH, BWH and Partners HealthCare System, Inc. were asked to give their impressions of the affiliation's progress to date.

H. Richard Nesson, MD
"Over the past year, Brigha
Hospital have made signi
working relationship. The
exceeded even our most
move beyond competitio
addition to the team effor
from across the institutio
achieving mutual goals. A
hopes that we will see a
very successful partnersh

Richard R. Crater, CEO of the MGH
"Thinking back on the past year, I have been most impressed with the goodwill, dedication and hard work of all the people, whether based at the Brigham or the General, who have come together to make our first year a success. Those involved have rolled up their sleeves and brought a 'we-can-do-this' attitude to whatever project, task or committee they have worked on. At the outset, many wondered whether the years of academic competition and the vast difference in cultures could be overcome. What has impressed me is how everyone involved has been able to confront these potentially divisive issues and move to a positive, forward-looking, 'together-is-the-only-way-we-will-succeed' attitude."

Je
"I have been struck by the rapidity and extent
change has been replaced by an enthusiasm t
there is nervousness about the future, and we
cannot be maintained. But there is beginning to b
that we truly are a more potent organization w
when we act independently. I see that recogniti
when they become excited about meetings to disc
the time allotted for the meeting isn't enough
Sometimes our enthusiasm is too great for our c
too numerous to manage

— *Service MGH: It's about people*

(Continued from Page 1)

through patients' eyes.

"I like to use the following, albeit simplistic, example to illustrate the fundamental change that is needed: Many MGHers park in the garages outside the White Building. When there are spaces remaining after we park, we have always welcomed patients to use those spaces. In a truly patient-focused environment, our behavior shifts. We make sure there are spaces available for patients and visitors first. Then we park if there are spaces remaining."

Service MGH addresses ways to improve interaction among internal customers — employees, staff members and departments. And the need has never been greater. "Senior management is well aware that we are asking employees and staff to work harder, accomplish more and be more flexible under increasingly demanding circumstances," says Richard R. Crater, MGH chief executive officer. "We would not be adding a program like this if we didn't think it would make life better for employees and staff, as well as MGH patients. We want to make sure that all employees and staff have the skills and knowledge they need to understand and cope with change."

"We would not be adding a program like this if we didn't think it would make life better for employees and staff, as well as MGH patients."

Underscoring the hospital's commitment to the program, members of senior management will also attend the course. "We are committed to creating and maintaining an environment that supports customer service. Employees can best implement these principles with support from supervisors, management, and ultimately, hospital leadership," adds Crater, who will go through the training program Dec. 22.

About the course

Earlier this year the Training and Organizational Development Office revamped its structure to focus primarily on this service training effort. Pilot sessions led to the current program, a 14-hour course for managers and a 10-hour course for employees. Though all

MGH HOTLINE

tners CEO
d Women's and the Massachusetts General
progress in building a strong and productive
work and cooperation we have seen has
istic predictions. The ability of our staffs to
artnership has indeed been impressive. In
by top administrators, we have seen groups
ne together on their own to find new ways of
look forward to the next year, I have great
ening and maturing of what promises to be a

Samuel O. Thier, MD, Partners President
"Partners is a visionary concept. By building an integrated system that provides the highest quality care, in the most convenient and cost-effective location, with the best medical outcome, we have a rare opportunity to change the way health care is delivered. I have been impressed with the spirit of collaboration between the MGH and BWH physicians and employees. It is a spirit that is appreciated and needed as we face the challenges that lie ahead."

Otten, CEO of BWH
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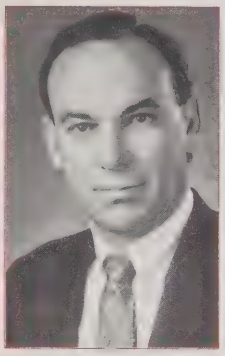


Ellen Zane, Partners Network President
"Over the last year, Partners HealthCare has made significant and encouraging progress in moving from hospital- to network-focused care. By moving from an emphasis on episodes of illness to a focus on wellness, our ability to serve the needs of patients increases dramatically. We have also made significant strides in developing the network. We have acquired two high-quality community primary care practices and are in serious discussions with many other providers across the broadest spectrum of care. Our long-term success will depend on our ability to reduce costs and to effectively integrate care. I am encouraged by the progress we have made over the last year and look forward to 1995."

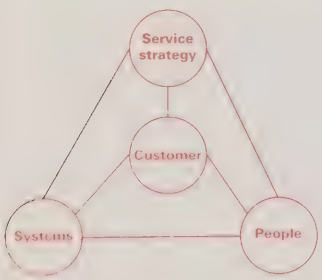
employees will complete the course over the next few years, the early emphasis is on people with the most external interaction to be trained first.

The core program is divided into three segments: "Setting the Stage for Customer Service," "Communication and Service Skills," and "Managing Difficult Situations." The managers' course has an additional session, "Coaching for Customer Service."

"The framework we used for looking at customer service at the MGH is something called a service triangle, developed by Kari Albrecht and Ron Zemke and explained in a book called *Service America*," says Roberta (DeeDee) Magers, training specialist and co-manager of the program. "The MGH is putting a tremendous amount of energy into improving the service it provides to its customers, and this program is part of that process. Service MGH helps employees and staff concentrate on the 'people' part of the triangle. The 'customer' comes at the center of the triangle; everything revolves around the customer."

Versions of the program geared to different audiences, including one designed for physicians, are in the works. More on providing improved service and details about the Service MGH Program will appear in future issues of *Hotline*.

The Service Triangle



Celebrating the holidays
An ecumenical Christmas service of lessons and carols will be held Wednesday, Dec. 21, 12:15 pm in the MGH Chapel.

Holiday Song-Fest
Join in this year's Holiday Song-Fest, sponsored by the MGH Chaplaincy, Thursday, Dec. 22, 1 to 2 pm, and Friday, Dec. 23, noon to 1 pm, in the WACC Lobby.

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MGH HOTLINE

— The changing landscape of the main campus

(Continued from Page 1)

activities they house. The proposal also details the renovation of the employee cafeteria in the Gray Basement.

"This plan flows directly from the core values of the institution that we have identified in our strategic planning process," says MGH CEO Richard R. Crater. "Foremost among those values is that the patient comes first. Every improvement the plan calls for aims to create a more welcoming, efficient and service-rich environment for our patients and their families. And the improvement in appearance and efficiency benefits employees as well."

The plan's highlights

In the plan, patients approach the MGH under a canopy running the length of the Parkman Street side of the WACC to the White entrance. Ambulances would park in back of the Vincent Burnham Building, and cars dropping off patients would circle a central fountain, dropping passengers at the White Lobby — a large glass atrium more than twice the size of the current lobby.

Leaving the White Lobby toward the Gray Building, patients would enter a corridor more than twice the width of the current hallway. On the right, floor-to-ceiling windows would look onto the Bulfinch Lawn, while the left side would feature services such as ATMs, newspaper vending machines, telephones and brochure racks. Administration offices, now on the right, would be replaced with a patient resource center. Another glass atrium would open onto the Bulfinch Lawn at the current site of the General Store.

Turning left toward the Warren Lobby, patients would pass a coffee shop on the left, followed by the Ellison and Blake elevators and the new combined MGH General Store and Flower Shop. Across from the Chapel, they would peer into a landscaped courtyard nestled between the Warren and Blake buildings just before entering a renovated Warren Lobby.

Functional as well as aesthetic improvements

According to the plan, the new design will provide clear paths of circulation, easily read wayfinding signage, and frequent access to information and amenities, eliminating the congestion and confusion that characterize the current floor plan. Each major entryway will provide information, security, wheelchair storage, seating and restrooms.

Another major feature will be the renovation of the cafeteria in the Gray Basement, creating a larger main dining room open to the public and three smaller function rooms each with a view of the Bulfinch Lawn. The public will be guided to the new cafeteria via an easy-to-find staircase at the main intersection at the current site of the General Store, which will maintain the aesthetics of the ground floor renovation and dispel the "basement stigma" of the current stairways and cafeteria.

"This plan flows directly from the core values of the institution that we have identified in our strategic planning process."

According to Crater, the cost of the project is still to be determined and the scope of the plan will evolve and may include other ideas, such as linking the lobby of the WACC more effectively with the White main entrance. Crater estimates the project — if approved — would be completed in phases over approximately two years. Total cost estimates will not be available until late December, he notes, but $5 million has already been budgeted for the basement renovations. Final approval will occur through the ongoing process of updating and revising the MGH capital budget, which is expected to be completed in late January.

"In the past 15 years we have built the Wellman Building, the WACC, the Ellison Building, the Blake Building, and renovated the White Building, among other projects," notes Samuel O. Thier, MD, president of The MGH and Partners HealthCare System, Inc. "This project is a major step toward creating a physical environment that is friendly, accessible, efficient and effective. Its obvious benefit to our employees and patients is its justification." ●

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MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

PARTNERS PROGRESS

North Shore Health System to join Partners network

Partners HealthCare System, Inc. has announced that the North Shore Health System (NSHS) plans to join Partners' growing network, a move that will help ensure the continued delivery of the full range of high-quality, coordinated services to people living and working on the North Shore.

NSHS, a regional integrated health care delivery system, was created earlier this year by 250 North Shore physicians and The North Shore Medical Center, comprised of Salem Hospital, North Shore Children's Hospital, Shaughnessy-Kaplan Rehabilitation Hospital, and the Visiting Nurse Association of Greater Salem. NSHS will join Partners Community HealthCare, Inc., the integrated network of the Partners HealthCare System.

The addition of the NSHS represents an important step in the building of the Partners system, says Ellen Zane, network president of Partners. "The North Shore Health System has been enormously successful in bringing

(Continued on Page 3)

MGH, BWH physicians gather for first joint staff meeting

For the MGH and BWH, it was a historic event: Members of both hospitals' medical staffs, along with representatives of physicians groups affiliated with Partners HealthCare System, Inc., gathered for the first Partners Joint Medical Staff Meeting Dec 13.

Impetus for the meeting developed from the relationship between two parallel physician groups: the BWH Medical Staff Organization, led by Steven Seltzer, MD, and the MGH Staff Associates, led by Nina Rubin, MD. The groups have worked closely

(Continued on Page 4)

Charting a strategy for the next century

What principles will guide the MGH during coming decades? How should the hospital change to meet the challenges of the future? What must be retained of the hospital's traditional strengths and values?

Answering such questions is a crucial first step in developing the strategies the MGH will pursue into the 21st century and has been a goal of several strategic planning sessions recently attended by the hospital's senior management and chiefs of service. The next step will be bringing the answers that have come from those sessions to all MGHers, a process that will begin in January.

Identification of values currently held at the MGH and those required for future success was accomplished at a two-day retreat in October. As a follow-up, MGH leaders attended a strategic planning workday Dec. 9 focused on refining mission and values statements for the hospital *(see box on Page 2)* and developing a set of guiding principles.

"Core values such as leadership, excellence, innovation and integrity are important for the hospital to reconfirm while recognizing that new values, such as diversity, need to be adopted," says Richard R. Crater, MGH chief executive officer. "The hospital has flourished with a spirit of entrepreneurial autonomy that now must be changed to entrepreneurial teamwork if we are to be successful in the world of managed care."

In addition to expanding on the MGH's mission and values, the guiding principles specifically address eight

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– *Charting a strategy for the next century*

(Continued from Page 1)

areas: patient focus, markets, competitiveness, human resources, diversity, research, education and decision-making. Patient focus — placing the needs, convenience and comfort of patients ahead of all other considerations — is specified as the most important guiding principle.

"The MGH has always given outstanding clinical patient care," says Edwin H. Cassem, MD, chief of Psychiatry and a member of the strategic planning group. "But our mission as true 'good Samaritans' who put the needs, comfort and convenience of those who are suffering ahead of our own is not conveyed clearly enough. Putting patients first is going to require all of us to step back, take another look at how we provide care and see how we can go another mile for the patient."

A communications subcommittee of the group attending these sessions has developed a plan to inform and seek input from the MGH community about the hospital's new direction. Co-chaired by Jeff Davis, senior vice president for Human Resources and Continuous Improvement, and Larry Ronan, MD, staff physician, the committee has based its plan on existing lines of communication between members of the hospital's management team and the employees and staff.

"We conducted several informal focus groups of employees and medical staff members who consistently underscored their need to hear about strategic planning from their supervisors and chiefs," Ronan explains. "The investment of managers and clinical leadership in the strategic planning process will be critical to its success, and the success of the MGH."

The communications program will begin in January with a series of sessions at which managers, supervisors and clinical leaders will hear about the current regional managed care environment, learn about the strategic planning process and offer suggestions about the hospital's proposed mission, values and guiding principles. After these sessions, similar gatherings will be held for all employees and caregivers. Supervisors will team with senior management and chiefs for these presentations that will help employees and staff implement the new principles in their daily work life. The latter sessions should be concluded by the end of March.

"Strategic planning is a continuing process," says Samuel O. Thier, MD, president of The Massachusetts General Hospital. "Our goal is not to create a document but to develop a new method for approaching the hospital's mission. This process will clarify our direction and provide the MGH community with guidelines for providing clinical care, conducting research and teaching in this new world of managed care."

Information about strategic planning will also be distributed through departmental and service newsletters, e-mail and future issues of *Hotline*. ●

MGH Mission Statement

The mission of the MGH is to provide the highest quality care to individuals and to the community, to advance care through excellence in biomedical research, and to educate future academic and practice leaders of the health care professions.

MGH Values

Excellence

Integrity

Compassion

Leadership

Patient Focus

Diversity

Innovation

Scholarship

Accountability and Responsibility

Responsiveness and Decisiveness

Entrepreneurial Teamwork

Cost and Resource Effectiveness

MGH HOTLINE

— North Shore Health System to join Partners Network

(Continued from Page 1)

together physicians and high-quality health care institutions in a partnership that has benefited patients, a strategy similar to that of Partners," she says. "Our integrated health care system encourages patients to continue to receive primary and secondary care from physicians they have come to know and trust, in high-quality facilities that are close to home. We see the North Shore Health System as an ideal addition to our network and an anchor organization for Partners in the region north of Boston."

The relationship between NSHS and Partners reflects a vision for the future of health care, according to John Fallon, MD, president of the NSHS. "By becoming part of this growing network of providers, we will be best able to continue to serve the residents of the North Shore in the years ahead," he says. "Health care providers cannot compromise quality despite growing pressures to reduce costs. Close integration of providers and systems offers an enormous opportunity to increase efficiency of care, thereby reducing costs while improving the patient's care and experience."

According to the agreement signed by the two organizations, NSHS will be Partners' primary geographic affiliate for provision of community-based health services on the North Shore. NSHS will continue to expand its local primary care physician network and form relationships with other integrated resources to meet community needs. NSHS will also develop a long-range strategic business plan for its geographic area that will incorporate mutually established objectives. In addition, NSHS will be involved in developing a Partners information system, quality assurance programs and other initiatives to benefit patients.

The MGH has maintained strong clinical links with Salem Hospital for more than 20 years, most recently launching a new joint physician training program in advanced cancer care.

"This affiliation is a natural evolution of a very strong relationship between the North Shore physicians at Salem Hospital and MGH and its physicians, says Sam Kim, MD, MGH visiting surgeon and president of the Massachusetts General Physicians Corporation. "This is a major step toward the development of a comprehensive integrated health care delivery system." ●

Bearing good tidings

Eben the bear uses his cuddly charisma to bring a smile to the face of Veda Nays, a patient on Ellison 16. The larger-than-life teddy bear came out of hibernation at Jordan Marsh Dec. 6 to circulate among the MGH Children's Service patients on Ellison 16 and 17.

MGH in the News

The Boston Globe interviewed **Hermes Grillo, MD,** and members of Thoracic Surgery for an article about a surgical lung-trimming procedure being performed at the MGH to treat patients with emphysema.

Robert Neer, MD, and Joel Finkelstein, MD, of Endocrinology were interviewed by *The Boston Globe*, WCVB-TV Channel 5, WLVI-TV Channel 56, United Press International and WHDH-TV Channel 7 regarding their study that described a possible method of averting osteoporosis in estrogen-deficient women.

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MGH HOTLINE

— Physicians gather for first joint staff meeting

(Continued from Page 1)
since early in the affiliation to foster communication among physicians at both hospitals and to encourage cooperative projects.

"I do not believe anyone would have predicted two years ago that this event could have taken place tonight or any other night," said H. Richard Nesson, MD, BWH president and Partners CEO, who reviewed progress made since the affiliation was announced. "Things have gone faster and easier than I'd have predicted; that's what teamwork is able to do. Now it is time to develop and communicate the Partners agenda for how we will face the future."

Ellen Zane, network president for Partners, noted how the Partners effort differs from other multi-hospital affiliations in the region. Most of those arrangements are networks of doctors who agree to work together. Partners is developing an integrated delivery system to provide the full range of services needed by patients for whom it is responsible.

"We are positioning ourselves to be ready for capitation and to accept [financial] risk from insurers," she said. Key to developing such a system will be providing support services, such as computerized patient information systems, that will eliminate duplication of effort among several providers caring for the same patients.

Zane added, however, that no matter how large the Partners system grows, the need to control costs and reduce patient beds at the MGH and BWH will remain paramount. "The community hospitals and physicans we meet with have great respect for the quality of care we deliver, but they are concerned about our cost structure."

Looking toward the future, Samuel O. Thier, MD, president of the MGH and Partners president, noted that some very difficult decisions must be faced in the coming years. "We will not achieve the kind of savings we need unless we achieve significant clinical consolidation," he said.

Thier added that the movement toward measuring patient outcomes could benefit hospitals like BWH and the MGH by revealing that their patients have fewer complications and need to have procedures repeated less frequently. "If it costs a drop more for us to do an operation, but we only have to do it once, that should be part of the debate over costs," he said.

"There is a time in medicine that comes once every 50 or 60 years when you have the opportunity to change how medicine is delivered," Thier concluded. "Right now we have an opportunity to shape that change."

During the question-and-answer session, Nesson brought up an often overlooked benefit of the changes in health care delivery. As hospitals and physicians take on the risks of providing care previously assumed by insurance companies, they will once more have full responsibility for patient care decisions.

Seltzer explains, "We chose the meeting's format [a large group session followed by smaller groups to discuss four specific topics] to allow a formal progress report on the affiliation as well as informal discussion and socialization between members of both staffs." The breakout sessions addressed the Partners network, integrated information systems, primary care and physicians organizations.

"The evening was critical in enhancing the dialog between physicians at both institutions on important issues," Rubin adds. "Everyone was excited by the opportunity to share our energy and commitment to this new endeavor. It was truly a night of firsts." ●

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What's Happening

Ambulatory obstetrics moved

The ambulatory obstetrics services moved into their new quarters on Blake 10 Dec. 19. Related support services — such as ultrasound, genetic counseling, nutrition, and social services — will be available on the same floor, which also houses new quarters of the MGH Women's Health Associates.

Find a ride

Through a ride-matching service called RideSource, Commuter Services can compile a customized packet of information on car pools, van pools, and other transportation options for each MGH employee or staff member. Call Commuter Services at 4-6588 for more information.

December 30, 1994

MGH HOTLINE

A PUBLICATION FOR EMPLOYEES AND STAFF OF THE MASSACHUSETTS GENERAL HOSPITAL

Will you make the new year smoke-free?

QUITTING SMOKING is one of the most often made — and broken — New Year's resolutions. Past unsuccessful attempts may lead to discouragement, but health professionals who specialize in smoking cessation stress that it is never too late to become smoke-free.

Many find that individual counseling or group support mean the difference between failure and success *(see Page 4 for options available to MGHers).* Helpful strategies include the nicotine patch or chewing gum (which require a doctor's prescription) and behavior modification, which some people find sufficient by itself to successfully quit.

Behavior modification focuses on developing awareness of habits associated with smoking and teaching ways to break links between the urge to smoke and actually lighting up. Techniques include alternative activities, relaxation exercises and even out-loud reminders of the goal of becoming a nonsmoker.

Researchers at the MGH and elsewhere are studying better ways to help people quit. Along with her colleagues, Nancy Rigotti, MD, director of the MGH Quit Smoking Service, is currently focusing on hospitalized smokers. Since August a random sample of smokers admitted to the MGH Medical and Surgical services have been invited to join the study. Half of those participating receive a 20-minute bedside smoking cessation counseling session, written self-help materials, and two brief follow-up telephone calls after discharge. The other patients receive standard medical care.

Although the study is not yet com-

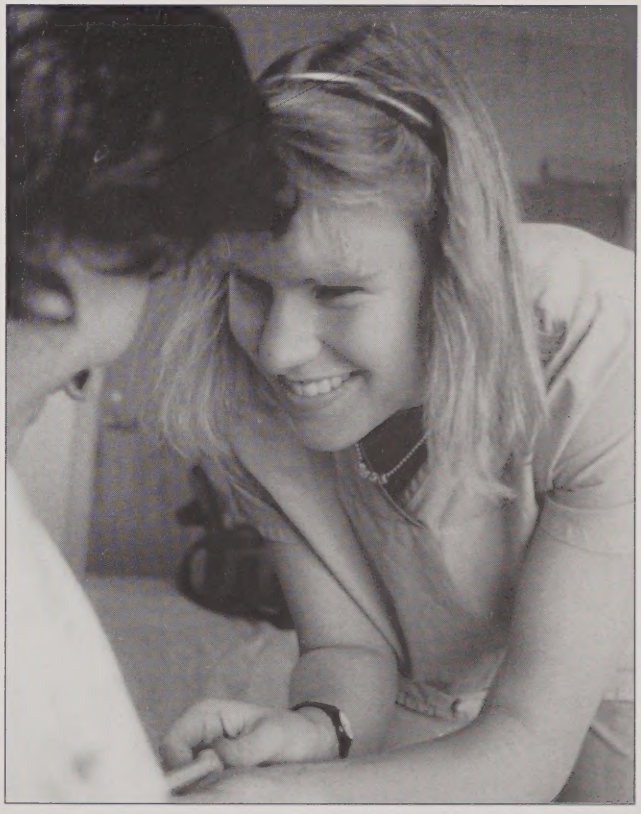
(Continued on Page 4)

Award-winning care

Always encouraging them to realize that life is worth the fight, Erika Rosato, RN, staff nurse on Ellison 14, sees herself as coach to the cancer patients for whom she cares. The Friends of the MGH Cancer Center see her as a worthy investment: They presented Rosato with the annual Oncology Nurse Career Development Award Dec. 14. The $1,000 award is to be used toward professional education.

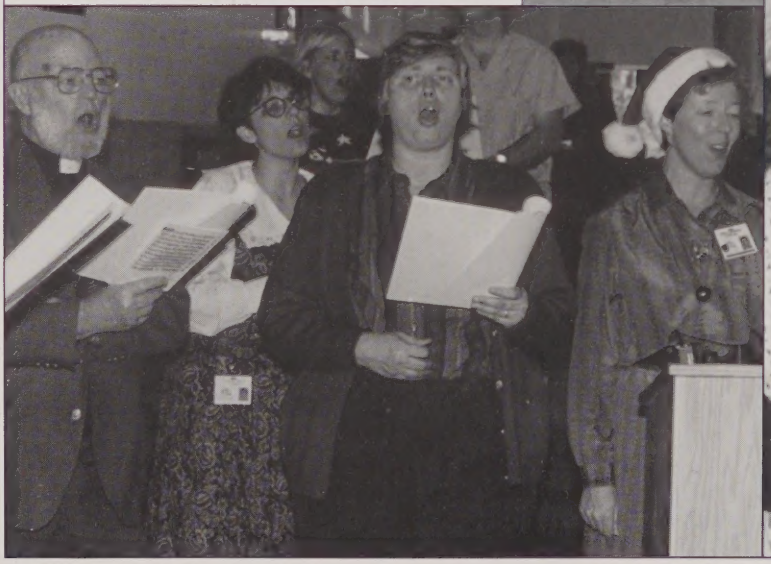
Carol Ghiloni, RN, MSN, nurse manager, Ellison 14, recommended Rosato for the award. "In the two short years since she started as a new graduate staff nurse, Erika has achieved a level of proficiency in caring for cancer patients that is not often found even in more experienced nurses," Ghiloni says.

According to Rosato, the award will enable her to further develop her ability to fulfill her coaching role. "One of my goals is to become an expert resource on bone marrow transplantation for my colleagues and patients. Toward that end, I hope to attend the Oncology Nursing Society lectures about bone marrow transplant patients and would like to buy educational materials for the staff on Ellison 14."



MGH merriment

With the holiday season, generosity, community and just plain fun took a high profile at the MGH. Here is a sampling of this year's activities from around the main campus. Clockwise from near right, a decorating competition ends in a tie in the Respiratory Intensive Care Unit on Gray 4; members of the Police and Security Department staff play Santa by replacing a VCR stolen from Ellison 16; Santa listens to the requests of an Ellison 17 believer; the season is made brighter by an intricately crafted gingerbread house on display in the WACC Lobby; Ellison 10 Cardiac Step Down Unit staff gather to observe their 5-year-old tradition of trimming a tree with heart-shaped decorations; and MGHers sing in the season at the annual WACC Lobby Holiday Songfest.



MGH HOTLINE

WHAT'S HAPPENING

MGH Research Symposium

"Benchtop to Bedside" will be the theme of the 19th MGH Research Symposium and Poster Session, Jan. 18 at MGH East. More than 110 MGH scientists will present basic and clinical reports illustrating the wide range of MGH research. Call 6-3651 for more information.

Scientific Advisory Committee

"Genetics at the MGH" is the topic of the 1995 MGH Scientific Advisory Committee meeting 8:30 am to 5:15 pm, Jan. 19, Wellman 1 Conference Room. Call 6-3651 for more information.

Anxiety Research Program

Becoming anxious in social situations and avoiding speaking, eating or writing in public are often characteristics of social phobia. Two treatments for these phobias are now being studied by the Anxiety Research Program. Those 18 or older interested in the program should call 6-6944.

Antidepressant study

The MGH Depression Research Program is studying treatment-resistant depression. Individuals who are currently depressed and have found that antidepressants do not help are invited to call 6-1629 for more information.

ADVANCES

Hormone prevents medically induced osteoporosis

RESULTS OF AN MGH STUDY may someday lead to new preventive therapies for osteoporosis. As reported in the Dec. 15 *New England Journal of Medicine*, Joel Finkelstein, MD, of the MGH Endocrine Unit, and his colleagues studied 40 women being treated for endometriosis with nafarelin, a medication that has the side effect of causing osteoporosis because it suppresses the natural release of estrogen, which helps to maintain normal bone density.

Half of the study participants also received injections of parathyroid hormone (PTH), a substance that helps control the exchange of calcium between the bones and the blood stream. During the six-month study, bone density of the lumbar spine increased in women receiving both nafarelin and PTH, but decreased in women receiving nafarelin alone. While estrogen replacement therapy, the only FDA-approved preventive for osteoporosis, works by inhibiting natural bone tissue breakdown, PTH actually stimulates new bone formation.

The researchers note that these results should eventually allow people to benefit from long-term therapy with nafarelin and similar drugs (the use of which is currently limited to six months) and the knowledge gained may someday lead to better ways of preventing postmenopausal osteoporosis.

David Ross Brooks, MD, dies at 46

DAVID ROSS BROOKS, MD, of the Cardiac Arrhythmia Service died suddenly Saturday, Dec. 24.

"His loss is a devastating blow to his family, friends, colleagues and patients," says Arrhythmia Service Director Jeremy Ruskin, MD. "He was an outstandingly talented clinician, teacher and clinical investigator, as well as a devoted husband and father."

Brooks is survived by his wife and three children. An educational fund for his children has been established in his memory. Contributions may be sent to the Dr. Ross Brooks Memorial Fund, c/o Winchester Savings Bank, attention Lorraine Greco, 661 Main St., Winchester, Mass., 01890.

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MGH HOTLINE

— Will you make the new year smoke-free?

(Continued from Page 1)

plete, results from the first four months are impressive. Almost 30 percent of patients receiving counseling were not smoking a month after leaving the hospital, compared to about 15 percent of the control group.

"We appear to have doubled the quit rate," Rigotti says. "Now we need to see whether the cessation we've seen one month after discharge becomes permanent."

She adds that recent research has confirmed that smoking is just as bad, if not worse, for women as for men. In fact, in addition to its contribution to lung cancer and heart disease, smoking can cause problems specific to women, such as cervical cancer, complications of pregnancy, early menopause and problems with the use of oral contraceptives.

"No matter who you are, how long you have smoked or how many times you've tried to quit, it's never too late to try again," Rigotti says. ●

Smoke-free supports

- The Employee Health Service offers individual smoking cessation counseling free of charge. This low-intensity program includes help cutting down, setting and preparing for a quit date, and stress reduction techniques. To make an appointment, call EHS at 6-1625.

- The MGH Quit Smoking Service offers more intensive individual counseling and an eight-week group program. Participants in these options, which do have a modest fee, may also receive a nicotine patch prescription. A new group program starts each month. The one beginning Jan. 4 may still have space available. Another session begins Feb. 7. Preregistration is required. For more information, call the Quit Smoking Service at 6-7443.

Blood Bank: Grateful but still in need

The MGH Blood Bank is grateful to the almost 200 MGH employees who have donated blood since Nov. 1. Despite that generosity, however, the Blood Bank's daily supplies are critically low — just half the estimated minimum safety level. MGHers are encouraged to help alleviate this serious shortfall by donating blood. Drop by the Blood Donor Center Monday through Thursday, 8:30 am to 7:30 pm, or Friday, 8:30 am to 4:30 pm.

The second of three joint research symposia sponsored by the Partners Research Task Force drew 130 people, and 20 posters were submitted by researchers and physicians. Denise Faustman, MD, PhD, MGH Department of Medicine, discusses the research of Frederick Wang, MD, BWH Department of Microbiology, as William Terry, MD, BWH senior vice president of Research and Ventures, looks on at the Dec. 13 symposium.

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